



# CHOICES

### **PROJECT**

CENTRAL AND EASTERN EUROPEAN TEENAGE PREGNANCY REPORT









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Bradford Local Authority was awarded £1.38 million from the Ministry of Housing, Communities and Local Government's Controlling Migration Fund in 2017, of which the Local Authority allocated £145,000 to address the high number of teenage pregnancies in Central and Eastern European Communities.

Bradford & District Community Empowerment Network Ltd (CNet) was commissioned to deliver the project.

CNet is a voluntary and community sector infrastructure organisation working across the Bradford District.

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### **Summary**

A high number of teenage pregnancies amongst the Central and Eastern European Communities prompted investigation and funding to explore the issue.

Following recommendations from the Local Authority, NHS, Schools, Colleges and the Voluntary Sector, several delivery activities were designed. The aim of these activities were designed to support Central Eastern European (CEE) and Roma young people and parents to talk about relationships, growing up and sexual health, as well as improve their awareness of information and services that are available to support them.

The overall aim of the project was to discover how best the communities themselves and public services could help to prevent unplanned teenage pregnancies, and provide better information and support services to CEE/Roma young people, to enable them to make informed choices about their relationships and lives.

Over the year 348 young people - 231 from CEE/Roma communities, 117 ESOL students who were not CEE/Roma but were from new communities. In addition, 83 parents from CEE/Roma communities took part in various activities, focus groups, information sessions and Speakeasy courses.

Our research showed that among these young people there is a **lack of knowledge about body development, contraception, sexually transmitted diseases** and the **legislation in the UK**. Although initially some young people thought they were informed, a lot of the information they thought they knew was incorrect. This was also the case with the ESOL students not from CEE countries.

Although young people do go online for information they do not automatically trust what they read. In general our research showed that they do not talk to their parents about these issues, which are seen as 'shameful'. We found the parents we worked with all learnt a huge amount about the issues and recognised that they should talk to their children and support them. Many said they would talk to other parents and friends and share their experiences.

When we asked the young people about their aspirations, the vast majority did not want to start a family until they were older. Their main focus was getting jobs, and then finding somewhere of their own to live.

Recommendations based on the findings are given at the end of this report.

### **Background**

Bradford Local Authority was awarded £1.38 million from the Ministry of Housing, Communities and Local Government's Controlling Migration Fund in 2017 of which the Local Authority allocated £145,000 to address the high number of teenage pregnancies in Central and Eastern European Communities (CEE). The Council based this allocation on the following information:

- Long term international net migration into Yorkshire and Humberside fell from 20,025 in 2013 to 12,648 in 2018. The number of people from Central and Eastern Europe living in Bradford rose from 11,000 in 2011 to 26,000 in 2016. In 2019 there were an estimated 21,000 people of CEE origin living in Yorkshire and Humberside.
- Births to non-UK mothers in Yorkshire and Humberside were 5,984 (21%) in 2018.
- Information obtained from the Teenage Pregnancy Midwifery Service indicated that there has been an over-representation of young women from CEE, including Roma communities using the service and often quite late in their pregnancy.
- Further to this, the teenage pregnancy midwives reported a very diverse cohort of CEE young women; some planned early pregnancies (and outside of marriage), some vulnerable young women, and other young women arriving in Bradford pregnant.

Following consultation with Public Health, Bradford Council, the NHS, Teen Pregnancy Midwives, Education/School Truancy, Sexual Health, the Voluntary and Community Sector, some of the suggested interventions/activities were as follows:

- Opportunities for young people from the CEE, and more specifically the Roma communities to have access to information about the sexual health, contraception and services on offer. The development of a website which was specifically built for the community and was translated into relevant languages.
- Parents to be offered the Family Planning Association's Speakeasy training, a
  group based opportunity to gain the knowledge, skills and confidence they need
  to communicate with their children about relationships, growing up, and sexual
  health. Parents are supported to gain greater confidence when talking about
  issues which are often considered taboo and embarrassing. These topics contribute
  to the safeguarding of children and young people and are topical in current society.

CNet and delivery partner The Thornbury Centre/LACO Project successfully applied to the Council for a grant from this fund and was allocated £82,250 for the Choices Project to be run between January and December 2019. In addition Bradford Rape Crisis was allocated £38,000 to provide Sexualisation, Exploitation, Love, Friendship, Information and Empowerment (SELFIE) workshops in schools.

### **Acknowledgements**

Choices was led by CNet, primarily Karolina Dybala, Javed Khan, Janet Ford and Helen Green with support from delivery partners Laco/Thornbury Centre and Step 2.

CNet would like to thank the following organisations and staff for their support in enabling and delivering this piece of work:

- Alan Anderton
- Rose Dunlop
- Katarina Zuzova
- Nikolas Mirga
- Co-op Grange Academy
- Holy Family Catholic School
- Carlton Bolling College
- One in a Million Free School
- Laisterdyke Academy
- Bradford Academy
- Bradford College
- Bradford University
- Toller Youth Club
- Great Horton Youth Club
- Laisterdyke Community Centre
- Good Shepherd Centre
- Family Action
- Bradford Women's Aid
- UK Butterflies
- Family Action Perinatal Support
- Community Works
- Sharing Voices
- Rape Crisis Centre
- Locala
- Bradford Council Data Analytics Team
- Better Start Bradford
- Bradford Council Safer Communities
- Horton Housing
- The 3 Million
- Cold Bath Studio Ltd.

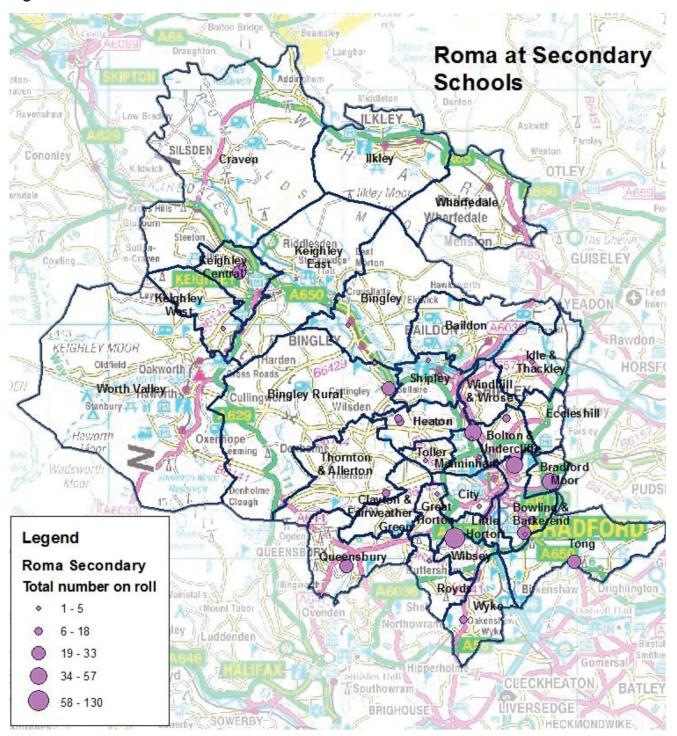
### What We Did

- Recruited a Project Lead from the CEE community, Karolina Dybala, and engaged two freelance support workers Nikolas Mirga and Katarina Zuzova.
- 10 community engagement workers were trained to become "Speakeasy Trainers" and deliver Speakeasy training work with groups of CEE/Roma parents to enable them to talk to their children about body development, sexual health and improve both parents' and their children's knowledge.
- Provided Speakeasy Training to 35 CEE/Roma Parents in order that those
  parents and any family and friends they share their experiences with, understand
  the importance of talking to their children about sexual health, sharing relevant
  information with the aim of leading to a more open relationship, reducing the
  number of unplanned pregnancies and better sexual health amongst both the
  young and older generation of the CEE communities.
- Held focus groups and information giving sessions about sexual health and support services with 60 Roma young people (aged 14-22) and 48 Roma parents. All participants given information about sexual health, contraception and body development to bust any myths surrounding contraception and STDs. Imparted advice on local support services to empower young people to make informed choices, hopefully resulting in fewer unplanned pregnancies, fewer cases of Sexually Transmitted Infections (STIs) or Diseases (STDs), increased access to support services.

All the above aimed to help young people to make decisions about their lives and educating and supporting young women and families vulnerable to unplanned and/or unwanted pregnancy. We were supported in organising and facilitating the sessions we held in schools by Bradford Rape Crisis.

- Engage with a further 111 young Roma Students through schools and Bradford College, who all completed questionnaires.
- Engaged with a further 117 ESOL students the vast majority of whom were not Roma or CEE but new communities to also complete the questionnaire. The ESOL students were aged between 16-18 (50 female and 67 male students).
- Conducted case studies with Roma participants attending Speakeasy Classes, focus groups and in one case attending Bradford College Induction Day to find out their stories, opinions and concerns about the subjects being discussed.

Fig 1

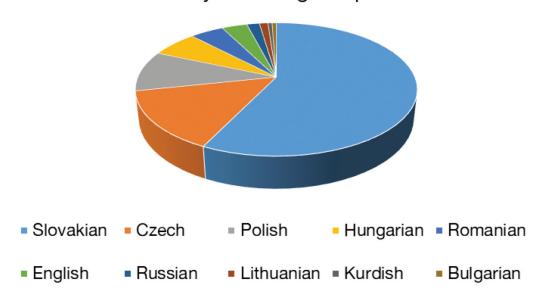


- Commissioned Step 2 to engage with CEE young people and ask their opinions about how and where they accessed information about sexual health and relationships and what they were specifically looking for. 60 young people aged 14-18 (21 female and 39 male) took part. This work included looking at currently available websites and considering whether they were useful, accessible etc. CNet developed and redesigned an existing sexual health website, Bradford and Airedale Sexual Health (BASH).
- There was no current mapping information on the Roma population locally. We
  were able to establish the areas where populations that identified as Roma lived,
  via the schools census data, and with support from the Council's Data Analytics
  Team. (Fig. 1)
- We recruited participants through both the contacts that all the partners already had within these communities and by cascading leaflets and other information to the communities, youth groups and community centres, in several community languages (Appendix 1). Through the mapping process outlined above, these schools and youth groups were contacted directly and asked to take part in the project. All the participants were given information about sexual health, contraception, body development and the services available to them.
- Our main focus was on Young People from CEE and specifically Roma communities.
  It was a significant challenge working with the Roma community, in that they often
  do not identify as Roma. Practitioners can be accused of being racist by some for
  asking the question. We asked the advice of a Roma man who suggested we
  changed the forms and asked what their country of birth was and also if they were
  Roma and to make very clear that everything was anonymous.

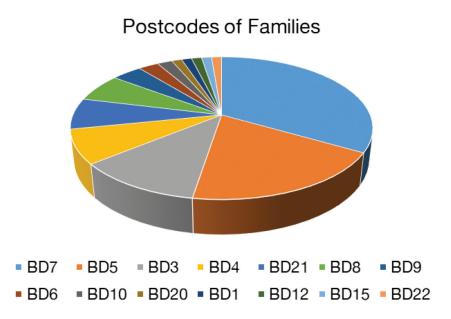
The majority of the Roma young people originated from Slovakia.

99 young people, with 25 from the Czech Republic, and 17 from Poland.

Birth Country of Young People Families



The majority of the young people we worked with lived in BD7, 52 people, with 30 in living in BD5 and 11 in BD3.



5629 pupils are from CEE, and of these 1303 pupils identify as Roma.

The postcodes of the schools where the largest numbers of

Roma attend are:

BD3 - 219, BD4 - 72, BD5 - 248, BD7 - 190, BD8 - 219, BD16 - 42, BD20 - 37 and BD21 - 41

(please note that one school we worked with, Co-op Academy Grange Southfield, had at least double the number of Roma students as appeared on the school census).

CEE is a complex and diverse community in itself and having Roma working with us has been hugely insightful, but it was not easy to establish. The most targeted and innovative support we received was from a 19-year-old Hungarian Roma student, and a young Slovakian woman, both of whom we employed as freelance support workers.



### **Young Peoples Responses**

### **Focus Groups**

We conducted focus groups with 73 young people. They scored highly on a baseline assessment of their knowledge about sexual health and relationships with 31 giving at least one score of 10 (on a scale of 1-10, with 10 being the most knowledge) to the questions, and 7 scoring 10 for 3 or more questions. This indicated that many thought they knew a lot about the subjects - safe sex, methods of contraception, where to go and who to go to for help and advice. See Appendix 3 - Young People's Questionnaire.

However, the facilitators found that some of their knowledge was inaccurate, for example Safe Sex meant taking a shower before and after; or myth based - in one group the girls asked the facilitators if they would develop fully as a woman if they don't have sex, as they had been told by other pupils that this was the case. After the focus/information groups the assessments increased on average for all questions, the largest increase being 1.77 for information about contraception.

All the focus groups began with the question:

Q. What are your hopes for after leaving school? This was asked in order to put questions about sexual relationships, pregnancy etc. into the wider context of their lives.

Participants in all of the young people's focus groups were pleased that we were asked about their future. Some of them come to the UK recently and said they had bigger aspirations in the UK than they would have had in their country of origin. There were a variety of answers between them, including what specifically they would like to do as a profession and what their hopes are for having a family etc.

Many saw education as important in their future lives and some of them were stressed about their GCSEs because their language skills were not developed yet as they were new to the UK, whereas the students who were born here or came to the country at a very young age were more confident. Language issues had a big impact on the students. Their parents have taught them that education was key for the future. At Carlton Bolling College 80% knew what they wanted to be in the future. Most participants indicated they didn't want to start family early and said that a good age to start one was 25, because they wanted to start their career first before starting a family.

Their career choices were very wide ranging - from going to College and University (often for specific qualifications - such as law, medicine/health, construction, dentistry, social care, hair and beauty, art or music), to joining the emergency or armed services, becoming a gym instructor, professional boxer, having their own business, interpreter, architect, mechanic, chef, actor, driver, job in a supermarket and part-time work.

Other more general aspirations included becoming rich, getting their own home, having a car, travelling the world, having a baby after getting qualified, being happy and helping the family. Other responses were more flippant (mostly from male students) - chilling, sleeping, partying every day and being a "ladies' man".

#### Q. What Is Safe Sex?

Most young people related this to contraception and condoms but some also related it to "safe place" "trusting relationships" and the more emotional side of safe sex. They did relate the question with not getting pregnant, though not as much as with Sexually Transmitted Disease (STD). At Grange Upper School almost 90% of the students didn't understand what the terms "contraception", "safe sex" and "STD" meant. The facilitators had to explain to them what they meant, and this showed that whilst they knew what kind of contraception is available (mostly condoms) they didn't understand the word contraception itself.

Q. Who do you speak to about your health, body changes and personal relationships? Although most of the students listed parents or GPs in the discussion they said that it would be friends they would talk to first, although one or two said they would only discuss this within the family and not talk friends. At the University School in Keighley.

discuss this within the family and not tell friends. At the Holy Family School in Keighley all the students agreed that they were not able to speak about sexual health issues with their parents.

One student at Carlton Bolling said they couldn't tell their dad and has a brother that just left school whose girlfriend is pregnant. Some students also commented that their parents would react angrily if they tried to speak about these issues. Many indicated they would keep everything to themselves because they didn't want to feel judged. At Grange Upper School students reported that there was "a rumour about pupil being pregnant - she went to the nurse and then went to hospital to have scan to prove she was not pregnant. The gossip stopped".

They weren't aware that at the age of 14 they could use services such as Locala on their own and it would be confidential. They said they would talk about different issues with different people - friends, cousins who already were pregnant at a young age or had experience because they were sexually active. Some of them would chose professionals they knew and trusted like teachers or support workers at school. Others mentioned online NHS websites and social media such as safe groups on Snapchat.

However, at Holy Family School some reported that they didn't believe in information they found on Google because they said it was filled with lies.

### Q. Do you know where to find support and advice, if someone:

- Became pregnant?
- Needed advice on contraception?
- Is worried about having an STD?

In the Holy Family focus groups, 20% of the pupils had ideas about where to find information around STD and contraception, but the others didn't so they were confused when they heard their classmates giving answers. Students had different answers to the question but 50% of them would not go to the doctors because of the fear their parents would find out. 2 out of 16 students knew about sexual health clinics but they didn't know there was one in Keighley.

The answers given ranged from:

- Individuals such as parents, other relatives, "sister, as she has children", doctors, gynaecologists, teachers and the school nurse, "ask a cousin who has already been through (pregnancy)", "parents (last option, and they won't be happy you asked)", "my mum will beat me up if she will find out that I have a girlfriend", "they will kill us", ask older friends to get contraception as they are too embarrassed themselves
- Places clinics, hospitals, pharmacy (for obtaining pills and emergency contraception),
   "shops", Tesco, the Sexual Health Bus in City Park, Locala (one male in one of Focus Groups at Grange knew about this)
- The internet (Twitter, Facebook, YouTube, NHS) including ordering a test kit for STDs online
- Phone lines such as ChildLine
- Some pupils are aware that a bus goes around BD7, every two weeks giving out information
- Some had not used any of the services. There was also a comment by a student that some students were not interested in services that are available to them.

We found that young Roma students in school where very keen to discuss sexual health and we were asked if we were coming back for further conversations.

Note: Comment from facilitator at Holy Family Focus Groups "All students that participated in the session have been classified as Roma from the school paper work but none of them have stated that on our monitoring sheet and some of them have even asked me what Roma meant, because they weren't aware of the word". (Facilitators also reported that some participants objected to the use of the word "Roma" as they considered it a racist term.)

"The sessions provided students with clear information about where they can gain support and advice in Bradford about sexual health. Thank you for coming to the school." Glenn Senior, Deputy Head Co-op Grange Academy

"Thank you very much for coming on Friday, I think the students found the sessions very useful, it was interesting to know how much they knew about sexual health and where they got the information from: some of them didn't know about contraception or what safe sex means, they were very surprised about knowing they could see the GP on their own and that there is a sexual health clinic in Keighley they can visit if they need correct information or need help. They also seemed pleased to be able to talk about such a difficult topic with an adult in school, some of them showed maturity."

Marissa Puntillo, Teacher Holy Family School Keighley

### **Information Sessions and Questionnaires**

The information we collected from all **171 Roma young people** indicated that condoms (69 mentions), the pill (40) and implant (37) were the most known methods of contraception. Withdrawal was mentioned 4 times.

When asked what made it difficult to get contraception the most mentioned reasons were embarrassment (43), too young (36), people finding out (10) and being judged (5).

In response to the question about where they would go for advice, 43 mentioned GPs, 24 stated sexual health clinic, 24 (including 11 for Locala specifically), 21 said shop, 20 pharmacy, 15 hospital, 4 said parents. Other answers (all mentioned by 2 people in each case) were clinic bus, college, youth centre, teacher and advice centre. 44 respondants asserted that they had been to a GP on their own, whilst 37 said they had not.

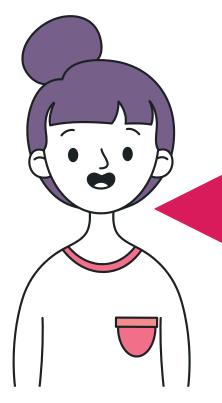
The participants were asked "Is it ever safe to have unprotected sex" 30 said no, of those who said yes (56), 41 of them qualified this answer - when you to have children (24), when married or living with someone (8), if over 18 (3), if both checked for illness (2), always (2), and "house party" (2).

In reply to a question about how their parents would react "if they or their partner were pregnant" 21 answered that they didn't know, 31 said they would be angry (13 of these claimed that they would "kill me"), 20 replied their parents would not be happy, 18 said they would be shocked. 12 stated they would be happy and 9 claimed they would be OK. 6 thought it would depend on the situation and their age.

They felt that their friends reactions to this news would be - happy (30), OK (9), shocked (15), they would laugh (8), would think they were stupid (14), see this as normal (2), 12 didn't know how their friends would react and 2 "didn't care" how friends responded.

We were also able to compare answers from 171 CEE/Roma students (90 female, 75 male) and a further 117 ESOL from communities other than Roma (50 female, 67 male) by questionnaires and surveys. Countries of origin were many, with largest groups from Afghanistan, Congo, Eritrea, Ethiopia, Iraq, Italy, Somalia, Spain, Sudan, Syria.

We found the survey results to be broadly similar in both groups. They both saw getting qualifications or getting a job as far more important than starting a family, for example. However, male students from both groups thought it was OK to have sex aged 15 and under (Roma 19%, ESOL 16%) whereas fewer female students felt this was OK (Roma 12%, ESOL 0%). Asked when it was OK to have a first baby more males from both groups thought this was OK before the age of 19 (Roma 26%, ESOL 26%). This compares to 16% of Roma females and 12% of ESOL females.



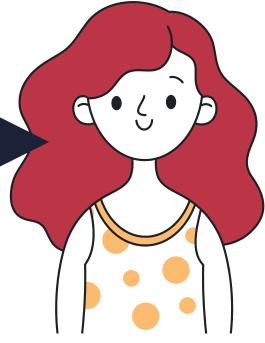
"We need a person to talk to at school, less pregnancies, more benefits"

17-year-old Slovakian/Roma female



"More interpreters, more available appointments."

16-year-old Slovakian female



"We need more appointments without having to wait 2-3 weeks. Need more urgent appointments"

17-year-old Slovakian/ Roma female



"I found information about sexual health clinics online with the help of a friend because Idon't want to have more children at the moment. I am on the contraception pills at the moment. I think there should be more information translated in different languages like Czech and Slovakian. And there should be more leaflets in those languages in GP surgeries"

19-year-old Slovakian/Roma female

### **Step 2 Consultation on Accessible Information**

Step 2 worked with a further 60 Central Eastern European Students. 21 female and 39 male, all aged 14-18. 41 Slovakian, 10 Polish, 1 Russian, 2 Romanian, 4 Czech, 1 Hungarian, and 1 Kurdish.

The students were asked where they go for information on sex and relationships, how useful that information is to them, and how we can make information more accessible to them. They contacted the youth service, several schools, and some voluntary sector projects and worked with six groups, two of these were in schools (Bradford Academy and One in a Million), one in an alternative education setting (Bradford Academy) and the others in youth clubs (Toller Lane and Great Horton) and they also had one small group of young people who were invited to Step 2.

The young people were asked the following questions, either individually or in small groups.

### How do you access information about Sexual Health and Relationships?

Most said the main way they access information is primarily from their friends. If they still needed information they would look online. Very few felt they would be able to talk to parents or other family members, as they did not feel comfortable having such discussions at home. 20 of the young people had not looked online, they said this was because they had not needed any other information. 40 had looked online - either by typing in their questions into a search engine such as Google or had searched directly on YouTube, Facebook or Instagram.

A significant number (just under one third) did not have their own smartphone or tablet. They only accessed the internet on someone else's device, or a family laptop. So there was some concern about looking, in case they were found out.

### What information might you look for online about Sex and Relationships?

- Find out where to get condoms
- Find places to go for advice
- Look for ideas about different sex positions
- Learn about sex
- Find girls to meet
- Chat to girls
- Find out where to go to access contraception
- Find out about contraceptive methods
- Check symptoms of STIs
- Find out symptoms of pregnancy and what to do if you might be pregnant

### How do you search for this information?

Type question into Google or YouTube. If they do not go online, they ask friends or find a doctor.

### Which sites have you used for information about Sex and Relationships online?

They found a range of sites, but were not able to say what they were apart from YouTube. Two had found Locala, having been told about it by the doctors and on the outreach bus. None had been told about/directed to any others. Most said they liked YouTube as there were videos they could watch in their own language. A significant number stated Instagram and Facebook as places they had received information, and a small number told us about porn sites they had looked to for information. These were XXXN and PornHub.

#### What did you find? Was it useful?

There were mixed responses to this question, some said they had not found anything that was of any use. One young person who wanted an STI check had found how to order one, but was unable to access as he was too young (he was given information about the Locala young person's clinic). Some believed porn was the best way to find out what sex is really like. Several thought it was real, but the majority knew it was acted and not necessarily what people would do.

The young people were also shown a range of websites and asked the following questions:

- Is it aimed at the right level of understanding for young people?
- Does the information give you what you were looking for?
- Is it attractive? Would use this service or recommend it to someone?

### These were their responses:

www.locala.org.uk - Not very easy to find information, difficult to use. Could find information about STIs in English, but not much more information.

**www.bashbradford.org.uk** - Liked that they could get it in their own language First page was not correctly translated (Slovakian). Most thought it looked nice and liked that there was information for different age groups, too many words, not pictures or videos.

**www.sh24.org.uk** - Simple language and clear, good if you wanted a test, but wouldn't use for anything else.

**www.fpa.org.uk** - Confusing, on their own they couldn't find information they wanted to, with help they found information that was clear and easy to understand. Simple messages and good pictures.

**www.thrivebradford.com** - Liked the pictures and the simple messages, not too many words. They liked the facility to ask questions.

**www.step2.org.uk** - Has links to most of the above, some videos in English. A social media page where you can ask questions. Friendly people that you can actually talk to (though only in English).

Step 2 found that the CEE young people were less knowledgeable than other young people of the same age they meet in their services. They were particularly lacking in information on:

- The law (age of consent)
- The age they could access services confidentially i.e. when they were underage (some thought this was 18). They didn't know they could go and see a doctor or a health professional without a parent
- Free Services they were surprised that condoms were available for free
- Availability of services they only knew about GP services. They thought they
  would have to see their GP for contraception or concerns about STI and pregnancy
- Less knowledgeable about STIs and contraception, but this was variable

#### **Conclusions from Sessions**

- Regardless of language, the young people wanted information to include pictures, and particularly videos. Most of the young people we met had a reasonable understanding of English, as long as it was simple. However, they were not familiar with medical terms in any language, and there will be a need for information for young people who do not speak any English.
- They would value accurate and clear short videos in their own language, or subtitles
  on videos that are already available. (NB We were unable to verify the quality of
  the videos they are finding in their own language on YouTube, so we do not know
  if they are receiving factual information).
- Most of the young people questioned, thought the best place to get sexual health services (contraception and tests) was the GP, and they were not keen to have services offered in community settings, but were keen to be able to access services confidentially and independently.

All the young people we worked with, including CEE Roma, benefited from the activities we facilitated. All recorded an improvement in their knowledge of sexual health including changes to their bodies, contraception, STDs, and access to support services. We talked to the young people in single sex groups to avoid embarrassement.

**Note (highlighted by Step 2)**; Some schools were not in favour of engaging with young people just from one community, and asked if we could do sessions with the whole of one-year group, which we were not able to do in the time scale. Others were keen but struggled to timetable.

### **Case Studies**

Nine of the case studies we conducted were female and one was male. Their ages ranged between 16 and 46, and seven of the women have children. Below are 4 of their stories:

### 1. A Roma young women, sixteen years old, with a child, originally from the Czech Republic

"I live with my parents and my two-year-old son. The family came to the UK four years ago. When I was pregnant at 13, I didn't tell anybody for 3 months as I was scared that my parents would force me to get an abortion. Then when my belly was too big to hide I told my mum. She was angry and dad wanted to beat my boyfriend. We went to the GP and he referred us to a midwife. They were very nice to me and with every appointment I had an interpreter. When I gave birth they took my child because apparently I was not able to take care of him. But my parents became guardians through the court.

I don't like social care and how they treat young parents. They should help us to get our own accommodation and access to benefits. They should not take babies from us and give them to English families who don't have children. I am no longer with my boyfriend. I now go to Bradford College ESOL classes".

### 2. A 21-year-old Czech Roma from BD21 area without children. Attended Good Shepherds Centre Stay and Play session with her sister

"I came to England in 2008. I was struggling in school because of the language issues, it wasn't easy for me because I was getting bullied for my different nationality. I found some other Czech children in my school and I felt better with that. I had my first boyfriend when I was 12-year-old, it wasn't full on relationship. It was more like a childhood relationship. We didn't have sex until I was 14. I didn't know what contraception is and he told me its fine to not use it.

I fell pregnant when I was 16 but I had a miscarriage. It was eye opening for me that I need to have contraception because I don't want to ruin my life. My mum had me when she was 15 and I know how hard it was for her, she told me that I have my whole life to come and first I need education. She took me to the GP to start me on contraception. I am in college at the moment doing a beauty course and I want to open my own beauty salon. I talk about health and sexual health issues with my mum and her partner".

"I think there is not enough information around sexual health for kids aged 14 because I know from my experience they are starting to be sexually active then so they need more information."

#### 3. A 20-year-old Roma man, originally from the Czech Republic, living in BD13

He attended the Induction Day for Bradford College. He did not identify as Roma, but he did admit to the practitioner that he was Roma.

"I never finished school because my parents left me when I was 16. So I had to find a job to pay the rent. I went to the UK with my friend, because his father had a business and offered us work, so from 2016 I have lived in the UK. I am happy with my life so far. In my spare time I like to play video games, talk with my friends, spend time with my girlfriend and I like to travel to different places. I talk about my health with my friend or when it is serious I talk to my GP. I talk to my girlfriend or my friend about relationships. We like to exchange experience and have a laugh as well.

I would get information from managers in work or the internet if my girlfriend got pregnant. For answers about anything else, I would use the internet because it is still a taboo to talk about contraception and body changes in public. I have never seen anyone asking about those things. The contraception I use is condoms, but I know I can get my testicles shut or snapped forever and there are implants, pills, injections but we don't have to use any of these. I just put on a condom and hope for the best. I would like to see someone fighting for socially awkward people like myself, not every one of us is actually well educated in safe sex.

When I first saw the term 'safe sex', I didn't understand what it was and laughed. There is not enough information on the internet and everyone I know goes on the forums, something else I don't understand. I am 20 but I'm still trying to buy condoms in private. Sometimes I wait until there are no people in my local Pharmacy and buy as many condoms as I can because their judgment hurts me. Even when I don't know the person I still feel embarrassed."

### 4. A 45-year-old Slovakian Roma mother living in BD8 who attended a Speakeasy Course

"I am a house wife taking care of my 6 children. I left school when I was young. I have been with my husband since being young. I have spent my whole life with him. In my spare time I like to visit my best friend and spent time with my children. I talk with my husband about everything and after my (Speakeasy) course I spoke to my friend and I am more open about body changes I know more now and my children are growing up. I now have more knowledge and I learned how to talk to and be more open with them because some children are very shy talking about it."

### **Parents Responses**

### **Speakeasy Training**

The LACO Project was tasked to run Speakeasy sessions, engaging and consulting with adults and parents. CNet also ran further Speakeasy sessions.

Parents who took part and hopefully any family and friends they share their experiences with, will understand the importance of talking to their children about sexual health and share relevant information. This will result in more open relationships, reduce the number of unplanned pregnancies and lead to better sexual health amongst both the young and older generations of the CEE communities.

35 parents attended Speakeasy sessions from BD3, 4, 9, 10, 21 and 22. They are all Roma whose birth countries are Poland, Romania, Slovakia or Czech Republic. They were asked how confident they were talking with their children about sex and relationships and supporting their children on health and relationship issues, their understanding of development changes in teenagers, the information their children receive about sex and relationships, STDs and contraception and the legislation around children in the UK. From their baseline and end line surveys where they gave scores from 0-10, they learnt the most about STDs, with an average increase of 5.65 points. Second to this was jointly the importance of talking to your child about sex and relationships and information your child needs to know about sex and relationships, where both increased by 4.70 points.

Things that went well - "Talking about safe sex at home and session - I am more open with my son and communication is better as before, and he is more listening to me." Things that don't go well - "One thing is not good that young people communicate via internet and the other site what we know is stopping them to check on other things"

46-year-old Slovakian Roma single mother living in BD3

"I don't feel like I'm able to speak with anybody I feel ashamed to talk about my sexual health and I don't speak good English, I will need translator if I go to doctors, so I'm not going. I think more workers speaking Slovakian and Czech will help." 26-year-old Slovakian/ Roma female living in BD21

"Yes, I am prepared to know for my little son. If he will ask me I know how to do it and also I share with my family new information. Normally we don't talk about such things, I am very happy that I learned new things for the future" Czech/ Roma mother

"In our culture it is forbidden to talk about these things as it is embarrassing. However, I will talk to my child as it is important. I will also speak to my family about this session." 24-year- old Romanian Roma mother

### **Focus Groups/Information Sessions**

48 Roma adults/parents attended focus/information groups. There were 33 female and 15 male. From postcodes BD2, 3, 4, 5, 7, 8, 21 and 22. Slovakian (19), Polish (14), Romanian (9), Czech (5), Latvian (1).

Participants were asked to score their knowledge from 1 to 10, 10 being the highest. All participants were least confident about legislation, with an average score of 1.96. After the information sessions this increased to 5.85, indicating that their knowledge and confidence levels had increased. All 48 parents said that their knowledge of all the areas surrounding sexual health and body developement, and the importance of talking to their children had improved. Many also said they would share with other families.

Both parents and young people commented on how talking about what was once a taboo subject helped to bring them closer and felt they could be more supportive about other aspects of their lives.

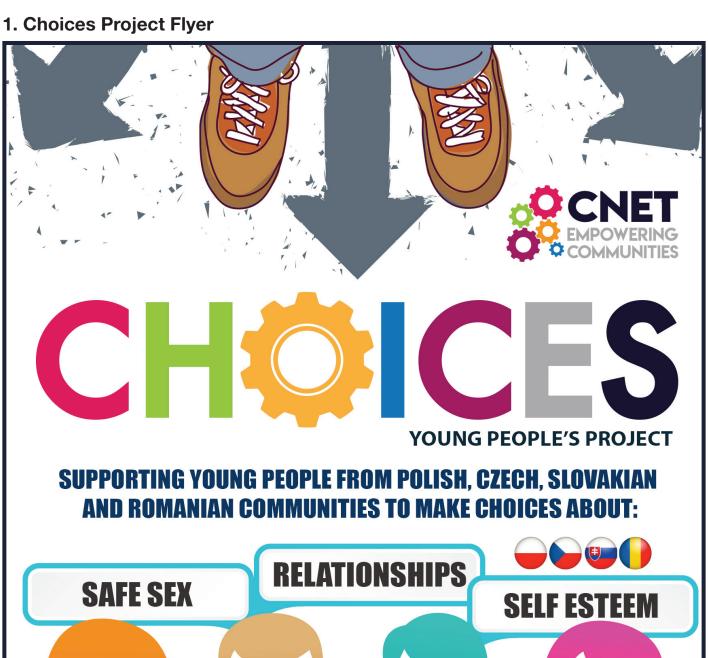
### **Our Recommendations**

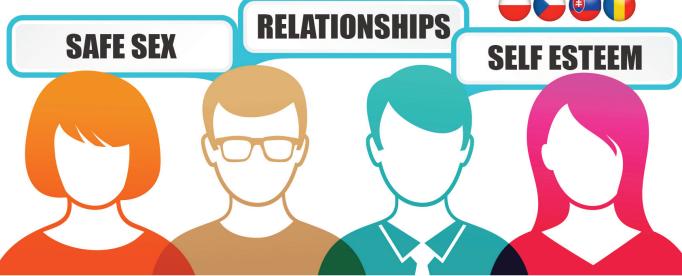
Resulting from this project and the feedback we received from Young People and Parents we recommend:

- Investment in further intervention and information sessions for CEE, particularly Roma, but also other new communities, students, in schools
- Extended hours for the sexual health clinics, including Locala
- More emergency appointments available with GP's and clinics
- Free condoms more readily and easily available
- More teaching about staying safe and appropriate use of sharing images/photos via social media, and relevant legislation
- Sexual Health Bus at City Park more often
- Further funding for Speakeasy courses, run in schools
- Translated information from all relevant agencies
- Explore using video with translated subtitles
- A messaging facility on any website, or social media site, Instagram or Facebook, where they can ask questions in their own language and receive an answer

### **Appendices**

- 1. Choices Project Flyer
- 2. Young Peoples Demographics
- 3. Young Peoples Responses
- 4. Young Peoples Questionnaire
- 5. Speakeasy for Parents Baseline Assessment





GET TOGETHER | CONNECT WITH OTHER YOUNG PEOPLE | FREE SUPPORT AND INFORMATION

**TO ARRANGE A FREE 2 HOUR INTERACTIVE SESSION FOR YOUNG PEOPLE** 

CONTACT CNET 01274 305045 WWW.CNET.ORG.UK



THIS PROJECT IS LED BY CHET WORKING IN PARTNERSHIP WITH THE THORNRIIRY CENTRE

### 2. Young Peoples Demographics

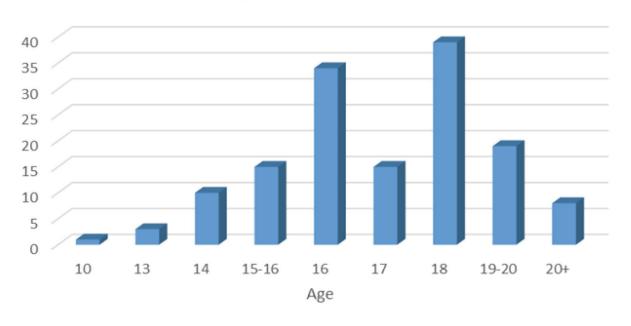
Demographics of 171 CEE young people worked with.

Excluding the ESOL students who were almost all non-Roma, and those Step2 worked with. Not all students answered all questions.

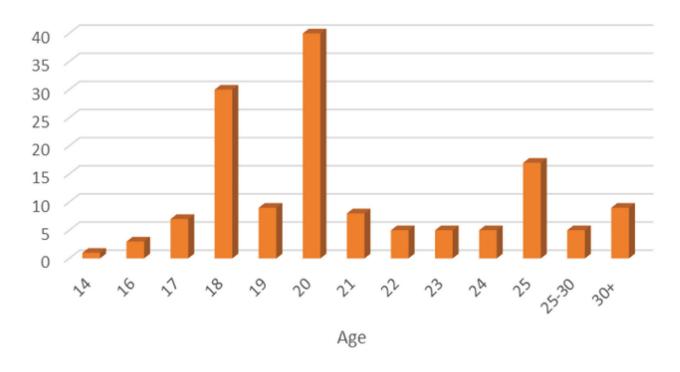
Gender	Nationality	Age	Postcode	Situation	Living Arrangement	Children
(M or F)	Slovakian (99)	12 (2)	BD3 (18)	College (52)	Parents (104)	Yes (7)
M (75)	Czech (25)	13 (14)	BD5 (30)	School (61)	Other Relatives (4)	No (43)
F (90)	Romanian (8)	14 (19)	BD7 (52)	University (3)	Friend (3)	
	Hungarian (11)	15 (37)	BD4 (12)	Work & College (5)	On My Own (2)	
	Lithuanian (2)	16 (39)	BD10 (3)			
	Russian (3)	17 (28)	BD8 (10)			
	Polish (17)	18 (13)	BD9 (6)			
	English (6)	19 (4)	BD20 (2)			
	Kurdish (1)	20 (4)	BD21 (11)			
	Bulgarian (1)	22 (5)	BD1 (2)			
		23 (3)	BD12 (2)			
			BD15 (2)			
			BD22			
			BD6 (4)			

### 3. Young Peoples Responses

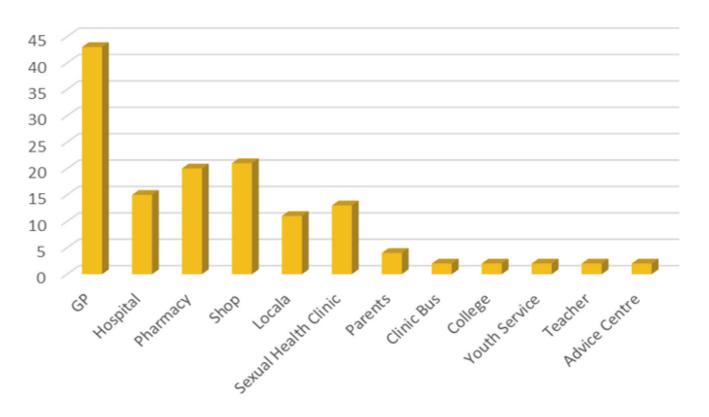
What age is it ok to have sex?



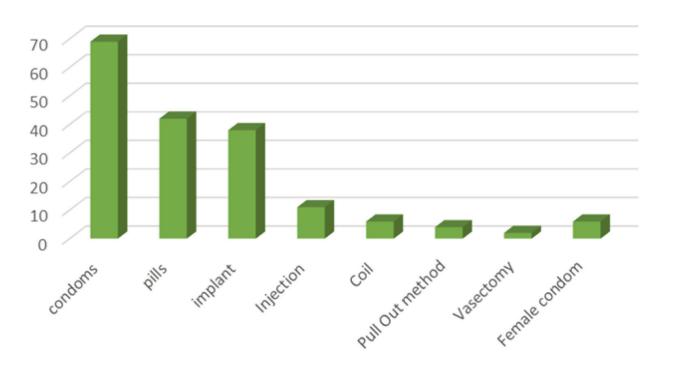
What age ok to have a baby?



### Where to go if you need advice?



Name contraception you are aware of.



### 4. Young Peoples Questionnaire



Group											
About You											
Male/Female	alf e.g. BD12										
ACCOMMODAT	ION										
Situation: e.g. S	Do you or your partner have any children?										
Living arrangem	- Cilidrell!										

How Important Is To You to :-										
Get good qualifications at school or college										
0	1	2	3	4	5	6	7	8	9	10
Find a	job and	earn m	oney							
0	1	2	3	4	5	6	7	8	9	10
Start a	family									
0	1	2	3	4	5	6	7	8	9	10
Live in	your ov	vn hous	e/flat							
0	1	2	3	4	5	6	7	8	9	10
How co	onfident	are you	1:-							
At talkii	ng about	sex and	relation	ships wi	th your	parents	?			
0	1	2	3	4	5		7	8	9	10
At talkii	ng about	sex and	relation	ships wi	th your	friends?				
0	1	2	3	4	5	6	7	8	9	10





At understanding how your body changes during adolescence?										
О	1	2	3	4	5	6	7	8	9	10
In infor	In information about sex and relationships?									
О	1	2	3	4	5	6	7	8	9	10
In unde	rstandin	g the dif	ferent k	inds of c	ontrace	ption?				
0	1	2	3	4	5	6	7	8	9	10
In your	underst	anding o	f 'safe s	ex'						
0	1	2	3	4	5	6	7	8	9	10
In know	ing whe	re to go	if you n	eeded he	elp if yo	u or you	r partne	r were p	regnant	t
0	1	2	3	4	5	6	7	8	9	10
In understanding of sexually transmitted diseases										
0	1	2	3	4	5	6	7	8	9	10

What age do you think it is ok to have sex?
What age do you think it is ok to have a first baby?
If you wanted to get contraception (ways to avoid pregnancy), where would you go?
Can you name any contraception you know?





What makes it difficult to get contraception?
(e.g. embarrassed/too young/people might find out)
Is there ever a time contraception is not needed during sex?
Do any of your friends have a baby or are pregnant?
Have you ever been to visit your GP?
How would your parents react if you were pregnant/your girlfriend was pregnant?
How would your friends react if you were pregnant/your girlfriend was pregnant?





Have your say									
What changes would you like to see to improve services for young people, for relationships, health, sex, contraception and pregnancy?									



### **SPEAKEASY COURSE**

### **Baseline Assessment**



ANY ADDITIONAL INFORMATION	
CONSENT	DATE
We collect information about you to understand your needs do, to provide the best quality service we can and improve use some of the information we collect about you to produc This information is <b>anonymised</b> so that people cannot be in	the services we offer. We also the reports and statistical returns.
Signature: (Please sign the assessment <b>ONLY</b> if you are had are giving consent for us to hold this information about you	
Print	Signed
Worker	Signed
Print	
COMMENTS OF OLIOTES EDOM PARTICIDANT	
COMMENTS OR QUOTES FROM PARTICIPANT	



### **SPEAKEASY COURSE**



### **Baseline Assessment**

worker:	Nam	е						Contac	T NO:				
Date:				Cli	ent Data	a Base id	d:						
BASIC FAM	IILY DET	AILS											
Surname:		First Name	:	F	referred	name:	Ge	ender	Ethnici	ity	Language	Age	
CHILDREN	/ DEPE	NDANTS											
Current stat	us: in	nursery/sch	ool/ nu	ırsery p	lace/hom	ne	Ge	ender	Ethnici	ity	Language	Age	
							⊢		+				
ACCOMMO	DATION												
Postcode:		Is this add	ress:			1		Needs :	e.g. mob	ility/	sight/hearing	ı/mental	
		☐ Perma	nent?	□ Те	mporary	health							
Telephone N	No:					Living arrangements: (with relatives/short term/							
						tenancy)							
Languages s	spoken:					Email:							
BASELIN	IE ASS	ESSMENT	Γ: As	a par	ent ho	w conf	ide	nt are	you				
		sex and r							•				
0 1	2	3	4	5	6	7	8	3 9	10	)			
That you	unders	tand the	devel	opmen	tal cha	nges th	at ŀ	nappen	to tee	nag	ers?		
0 1	2	3	4	5	6	7	8	3 9	10	)			
In the inf	formation	on your ch	nild is	gettin	g abou	t sex ar	nd r	elation	ships?				
0 1	2	3	4	5	6	7	8	3 9	10	)			
In talking	about	sexually t	ransr	nitted	disease	es and	con	tracept	tion?				
0 1	2	3	4	5	6	7	8	3 9	10	)			
In answe	ring se	xual healt	h and	l relati	onship	questio	ns f	from y	our chil	ld?			
0 1	2	3	4	5	6	7	8	3 9	10	)			
		child safe				-							
0 1	2	3	4	5	6	7	8	3 9	10	)			





CENTRAL AND EASTERN EUROPEAN TEENAGE PREGNANCY REPORT

