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NHS Teen LifeCheck Evaluation

Final Report

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Executive Summary

Background to the NHS Teen LifeCheck website

The pilot version of the NHS Teen LifeCheck (TLC) was an online health and wellbeing self-assessment tool for 11-14 year olds, developed by the Department of Health (DH). Its purpose was to help young people, particularly the most 'vulnerable', to assess their health and well-being. It aimed to provide information and advice about healthy lifestyles and signpost on to further sources of support and advice to encourage young people to make positive health changes. The pilot version of the TLC went live online in February 2007.

Promotion of the pilot TLC

The pilot TLC was tested over an eight month period to September 2007 in the four DH Teenage Health Demonstration Sites (THDS) which are spread across the country. The THDS had been set up just prior to the TLC launch to explore different approaches to enhancing services to promote the health and wellbeing of young people. The remit given to the THDS by the DH for the promotion of the pilot TLC was to aim for 100% awareness and 25% completion amongst 11-14 year olds, particularly the most 'vulnerable' groups.

Most of the TLC promotion work in the demonstration sites took place between May and August 2007. In one site the Healthy Schools team promoted the TLC almost exclusively in schools and pupil referral units. In contrast the other three sites used a more diverse range of community settings and promotion methods, though some adopted a more school-focussed approach towards the end of the eight month period.

The evaluation of the pilot TLC and the promotion programme

The evaluation was carried out by the Social Science Research Unit at the Institute of Education, University of London. Findings of the evaluation focus on: levels of awareness of and satisfaction with the pilot TLC amongst the target audience; its likely impact in relation to help-seeking behaviour; and effective methods of promoting the TLC. Data was collected from: young people through a school-based survey (n=2982) and focus groups (n=156); parents through focus groups (n=15); and professional stakeholders (n=33) through interviews. At the beginning of the focus groups participants were given the opportunity to look at the TLC.

Key evaluation findings

How aware were young people of the TLC and how many were completing it?

A total of 8,716 young people aged 11-14 years accessed the TLC countrywide between February and July 2007. Just over 4000 of these indicated that they were from one of the four test sites. The survey found that just under a third of the young people participating reported having heard of the TLC. The majority (61%) who had heard of

the TLC knew it was a website asking young people about their life. Levels of awareness appeared highest in specific vulnerable groups.

Eleven per cent of the survey participants had completed the TLC. Although 70% of young people said they did not need the TLC explained to them, full completion was significantly increased for those who did have it explained in advance. When young people were aware of the TLC, but had not fully used it, the main reasons given included lack of interest and computer problems.

The timing and type of promotion work carried out in the test sites is likely to have influenced these survey findings. At the start of the data collection some of the sites were in the very early stages of roll-out and minimal amounts of promotion work had been carried out in schools.

What were levels of acceptability and satisfaction amongst young people? Did this vary across target groups?

The majority of young people, including the most vulnerable, were positive about the concept of the TLC. Most found the site 'a little useful' with a quarter saying it was 'very useful'. Two thirds said they would recommend the site to a friend.

In focus groups the general view was that the issues that the TLC covered were relevant and that much of the TLC was clear and easy to use. However, young people did express dissatisfaction with some aspects of content and many aspects of design and provided recommendations on how this could be improved. In general, groups were comfortable with a target age range for the TLC of 11-16 years.

How did parents and professional stakeholders view the TLC?

Most parents viewed the TLC as a useful resource for young people and also for parents and said they would recommend it. However a minority of parents had serious reservations about its quality, suitability and usefulness.

Professionals, like young people, were positive about the concept of the TLC but felt the pilot version required significant improvement. The focus for professionals was more on change to content, rather than design.

What is the potential impact of TLC on knowledge, attitudes and behaviour?

Survey participants who had used the TLC said that it encouraged them on a range of positive health behaviours such as health eating and being more active. Most did not feel it encouraged them to use local health services, however. Young people and professionals were positive about the potential of the TLC to have impact on knowledge, attitudes and behaviour if it was improved and more widely used.

How do young people and stakeholders feel the TLC can be best promoted?

The survey clearly showed that levels of awareness and use of the TLC were highest where promotional activities and demonstration of the site took place in schools.

Young people, parents and professionals were happy with schools as a place to raise awareness but were clear that confidentiality must be assured wherever young people used the TLC. There were concerns that schools may not be able to offer the levels of

privacy required. Professionals were concerned about resource implications for schools. Young people and professional stakeholders were enthusiastic about the range of potential promotional options that could be tried.

Conclusion

The evaluation found that levels of awareness and use of the pilot version of the TLC were lower than desired in the four areas where it was tested. However this is likely to have been influenced by the timing and type of promotion work that had been carried out. Where intensive promotion had taken place in schools, levels of awareness and use of the tool were markedly increased.

Young people and other stakeholders were generally positive about the concept; most expressed the view that the TLC had the potential for impact on knowledge, attitudes and behaviour if its design and content were improved. Young people thought, subject to some changes being made, the TLC should become a permanent website.

1. Introduction

The pilot version of the NHS Teen LifeCheck (TLC) was an online health and wellbeing self-assessment tool for 11-14 year olds. It was developed by the Department of Health (DH), following a commitment made in the White Paper 'Our Health, Our Care, Our Say' (DH 2006) to develop NHS LifeChecks for a number of target groups, including young people. The purpose of the pilot TLC tool was to help young people aged 11-14 years, with particular emphasis on reaching the most 'vulnerable' groups, to assess their health and well-being, and obtain information and advice about healthy life-styles that will encourage them to make positive health changes. It was intended to be used by young people on a voluntary and independent basis. A diverse range of young people were involved in the development of the TLC, including disadvantaged groups and professional experts in the field.

The TLC went live on 6th February at <http://www.teenlifecheck.co.uk> and was also available nationally on the Teenage Health Freak website, L8R and the DCSF facilitated website - Need2Know. It consisted of a home page where some basic personal information is required in order to enter, followed by a 12 page quiz on a range of aspects of health behaviour. Each quiz page had a set of responses to choose from and hyperlinks to a range of websites about related aspects of health behaviour. At the end of the quiz a 'personal profile' was produced which summarised the user's results, and gave web links to sources of information including national services and services local to the Teenage Health Demonstration sites (see below).

The pilot TLC was tested over an eight month period, to September 2007, in the four Teenage Health Demonstration Sites (THDS)¹: Bolton, Hackney, Northumberland and Portsmouth. It was launched in these sites in late February/early March 2007. The remit given to the sites by the DH was to promote the TLC, over the specified period, with the aim of achieving 100% awareness and 25% completion amongst 11-14 year olds, with a particular emphasis on reaching the most vulnerable groups within this population, for example looked after children and young people from ethnic minority groups. The pilot TLC and the promotion work undertaken in the THDS was evaluated by a team from the Social Science Research Unit at the Institute of Education, University of London.

Most of the TLC promotion work in the THDS took place between May and August 2007. The sites approached the promotion in quite different ways – with the chief difference being between the approach taken by Bolton and that taken by the other three sites. In Bolton the Healthy Schools team was responsible for promoting the TLC. Their first line approach, from May onwards, concentrated resources almost exclusively on intensive promotion work in schools and pupil referral units (PRUs). In the last few months of the promotion work, the approach was widened in Bolton to include other service settings such as youth clubs and leisure centres. In contrast the other three sites took a wider

¹ The THDS programme is a two year initiative funded by the DH with the aim of exploring the best ways of delivering health services to young people. It is being run in four different areas of the country. It was planned prior to the plan for the TLC pilot – but the aims of the later link closely with those of the THDS programme and thus combining the two (with additional resources for the work to promote the TLC) was a logical step. The evaluation of the TLC was carried out as part of the wider evaluation of the THDS programme.

approach from the start, aiming to raise awareness in the target population via a more diverse range of settings and methods such as running awareness raising campaigns on local radio and getting TLC promotion materials such as leaflets and posters out to professionals working with young people and into service settings. In two of these sites promotion of the TLC was the responsibility of the THDS co-ordinator and close colleagues. In Hackney representatives from The Learning Trust (the company which runs education services in the Borough) took the lead, with close collaboration with others from the THDS team. Some of these sites adopted a more exclusively school focussed approach towards the end of the eight month promotion period. The timing of promotion activities and the range of approaches inevitably had implications for the evaluation given that measurement of impact on young people's awareness and completion rates was carried out via a large survey in schools and PRUs conducted between May – July 2007. Most schools had had little or no promotion activities carried out in the school at the time that survey data was collected.

An interim report of key early findings was submitted by the evaluation team in May 2007. This final report contains a brief overview of the methods used in the evaluation and the results of all the data collection carried out up until August 2007. A final section includes conclusions and issues for consideration.

2. Evaluation: design and methods

The aim of the research team was to conduct a formative mixed-method evaluation in the four THDS, allowing for feedback and subsequent changes to the TLC along the way.

The key research questions in the evaluation were:

- What is the level of awareness of the Teen LifeCheck amongst all young people aged 11-14?
- What is the level of awareness amongst target groups of young people aged 11-14?
- What is the level of completion amongst all young people and the target groups?
- How acceptable do young people find the Teen LifeCheck?
- How satisfied are young people (from different target groups) with the Teen LifeCheck?
- What is the impact of Teen LifeCheck in relation to knowledge/ attitudes/behaviour (help seeking behaviour)?
- How do professionals working with young people perceive the Teen LifeCheck and its likely impact on services?
- What do professionals and young people believe are the most effective methods of engaging young people in the Teen LifeCheck?

Data were collected from both young people and key stakeholders. The data collection with young people was targeted to include young people with specific circumstances that may put them at increased risk of poor health outcomes. Key stakeholders included parents and relevant professional stakeholders from PCTs and schools. Data were collected from young people via a survey, focus groups and an online feedback questionnaire linked to the TLC and from parents via focus groups and from professionals via interviews.

2.1 Methods of data collection with young people

2.1.1 Survey

A large cross sectional survey of 11 to 14 year olds (school year groups 7-9) was carried out in May, June and July 2007 in secondary schools and pupil referral units (PRUs) in the four Teenage Health Demonstration Sites. In May most of the sites were in the early stages of their promotion activities; by June/July promotion work was more advanced across all four sites. The aim of the survey was to establish levels of awareness and completion of the TLC amongst all young people. The plan was to collect questionnaires, spread across the three school year groups, from two pupil referral units and up to four secondary schools in each site.

Letters were written to the majority of state secondary schools and PRUs in the four sites in March asking if they would be interested in participating. Additional arrangements were made in Hackney, where large numbers of resident secondary school age children are educated out of the borough. Schools in neighbouring boroughs with high proportions of Hackney children in years 7-9 were also invited to take part, with the aim of recruiting an additional 'out of borough' school. Also, in Northumberland years 7 and

8 are covered mainly in middle schools, so these were invited to take part as well. Since insufficient numbers of schools initially indicated interest, those who did not respond to the letter were followed up with a phone call. Where possible, efforts were made to recruit schools in different geographical areas of the sites; with a particular bias towards schools in more deprived catchment areas.

The questionnaire used with the young people was short and self complete. The method of administration of the survey varied. In some schools it was carried out by the research team with support from school staff, in others school staff administered the survey using detailed guidance notes provided by the research team. Generally the survey was carried out at the beginning of a lesson or in registration time. Schools were offered £200 for allowing their pupils to participate.

Staff involved with the promotion of the TLC in the sites were not told which schools had agreed to participate or when data collection was taking place to minimize the risk of skewed results.

2.1.2 Focus groups

The primary aim of the focus groups was to assess the acceptability of, and satisfaction with, the TLC. The initial plan was to carry out thirty six focus groups (nine per THD site) with young people aged 11-14 years between May and July. These were to target predominantly young people with specific circumstances that may put them at increased risk of experiencing disadvantage, including criteria decided on through discussion with staff from the local sites. In June 2007, following submission of the interim report, the DH requested that the evaluation was extended to include an additional eight focus groups with young people; four additional groups were with 10 year olds and four with 16 year olds. Young people were recruited to focus groups from established local groups, schools and pupil referral units (PRUs). A few groups were made up of individual young people known to local workers. Young people were purposively chosen with the aim of collecting a diversity of perspectives from: girls and boys; young people of different ages; and young people within the target criteria of risk of disadvantage. When conducting the focus groups with 10 year olds, participant numbers were limited to a maximum of four and two researchers/adults were present.

A short information sheet about the TLC and the evaluation was available for staff to give to potential participants. Young people provided informed consent at the time of the groups and completed a short demographic questionnaire. In general the same basic schedule of questions was used for each group but where young people indicated they were willing to relate their views on the TLC to their particular (target) circumstances the researcher put increased emphasis on specific prompts. The focus group schedule changed slightly at two key points in the evaluation at the request of the DH. In June it changed in order to add extra emphasis to existing questions on age appropriateness and canvas views on extending the age range down to 10 and up to 16 years. In July further changes were made to seek the views of young people on the idea of using the TLC to include three specific measures to support behaviour change.

Each group was scheduled to take about 45 minutes – 1 hour. The first 10-15 minutes of each focus group was spent with the young people on computers viewing the TLC either for the first time if they had not accessed it previously or to refresh their memories if they had. Research staff were on hand to offer support when requested. A number of

focus groups with young people were run without access to individual computers for participants. One such group was carried out in a school for young people with complex needs and moderate learning difficulties where the website was demonstrated using an interactive whiteboard, connected to a laptop, operated in turn by the students. In a number of venues groups of young people had to share a terminal. In one focus group the TLC had to be demonstrated by using a laptop with offline copy of the TLC using PowerPoint. Even when the young people could use the TLC online, the 10–15 minutes available, often proved insufficient for them to explore it in any depth. Their views are therefore based on relatively superficial knowledge of the site.

The 15 minutes trial of the TLC was followed by a discussion about the TLC. Permission to tape the group discussion was sought. In one case this was denied and notes were taken instead. Vouchers were given to participants to thank them for taking part; alternatively in some instances the vouchers were given to staff to be spent on the group for a collective activity. Data used in the analysis included the young people's views and researcher observations made of the young people using the TLC.

2.1.3 Online evaluation questionnaire and rates of TLC use

Two other relevant sources of data were collected by the DH and utilised by the evaluation team. These included:

- Total numbers of hits on the TLC website, as well as numbers providing information on gender, age, initial part of postcode to enter the TLC. Postcode information, determined usage of the TLC in the different THDS. The number of times the various web links were followed, was also collected.
- Data from a brief evaluation page added on to the TLC which invited young people to feedback their views on the site.

This information was collected from 6th February to 7th August 2007 and reported fortnightly to the THDS sites by the DH.

2.2 Methods of data collection with stakeholders

2.2.1 Parents

A small number of focus groups were conducted with parents. The purpose of these groups was to assess acceptability of, and satisfaction with, the TLC amongst parents. Participants were recruited via local staff working in health and education settings. As with the young people, the parents spent the first part of the session trying out the website before discussing their views on it. Parents provided informed consent and completed a short demographic questionnaire. Permission to tape was sought.

Two of the groups were run in primary schools on the same occasion that focus groups were being conducted with 10 year olds in these schools. Parents taking part in these groups had children aged 10 years but many also had older children well. Two other parent groups were carried out in community settings; recruitment for these groups was carried out by community worker/youth service staff. Those in the primary schools were carried out in the later stages of the evaluation; thus questions on extending the age range to 10 – 16 were included in the schedule of questions for these groups, but not in the earlier two groups. For one of the community groups there was no internet facility; they looked at a power point version and therefore could not assess any of the

interactive features of the site. As with the young peoples groups, the limited time available in the focus groups meant that few participants could explore the website in depth.

2.2.2 Professional stakeholders

The aim of the interviews with local and national professionals was to find out how those working with and for young people perceive the TLC and its likely impact on services and what they consider to be the most effective methods of encouraging use. Semi-structured interview guides were used listing key themes, in order to acquire process data about the development of the TLC, its promotion and its progress. Informed consent was requested before each interview and all information gathered was treated as confidential. In-depth interviews, which were conducted on the phone, were tape recorded and transcribed. Notes were taken during shorter interviews.

3. Analysis of data

Cross sectional correlation analysis of survey data was carried out using SPSS, version 14. Pearson chi squared tests were used to determine significant differences. User rates and analysis of the online evaluation questionnaire was carried out by DH staff and passed on to the evaluation team.

The focus groups and interviews were tape recorded and transcribed. Thematic analysis techniques were used. By this we mean that the interviews were transcribed in their entirety, transcripts were then read and re-read, several times over and by more than one person. The main themes arising from the data were then extracted and organised.

Two issues should be borne in mind when considering the qualitative professional stakeholder data. First, inevitably the content, scope and length of stakeholder interviews varied, often because of time and work constraints of those being interviewed, so the data are 'uneven'. Second, analysis of qualitative data does not involve the same level of quantification and comparison that analysis of statistical data does: interview content from different interviewees cannot be easily compared, and it would not be useful to count the number of times interviewees made the same comment or remark.

It was possible when thematically analysing these data, to develop an understanding of how important some issues were, based partly on the frequency with which they were noted, the emphasis that was placed on them by interviewees and the interviewees' own level of expertise and experience (which varied considerably).

4. Findings – Young people’s survey, focus groups and TLC online feedback

4.1 Young people’s survey findings

4.1.1 Participation

Questionnaires about the TLC were completed by 2982 young people in school years 7-9 across the four sites. Although similar numbers of schools were recruited in Portsmouth, fewer students overall participated in this site (see Table 1).

Table 1 Numbers taking part in survey in different sites and types of school

<i>Site</i>	<i>Numbers of schools, by type</i>	<i>When carried out</i>	<i>Numbers of participants</i>
Bolton	3 secondary schools	May	900
	2 PRUs	June	10
Hackney	3 Hackney secondary schools	May, June, July	744
	1 Islington secondary school (<i>Hackney residents only</i>)	June	116
	1 PRU	June	9
Northumberland	3 High schools (year 9)	June	422
	3 Middle Schools (year 7 & 8)	June, July	371
	1 PRU	June	13
Portsmouth	3 Secondary schools	June, July	409
	2 PRUs	May, June	18

Schools that actively declined to take part cited two key reasons: difficulty finding time within busy timetables for the survey to take place; and feeling bombarded with requests to take part in research studies. Some schools did not respond to any of our communication attempts. In some instances local staff were of the view that certain of these schools would have ideological concerns (sometimes on religious grounds). On several occasions the survey was arranged with a school but the numbers of pupils available to take part on the day were much lower than anticipated due to circumstances such as teacher absence, school trips etc. Young people were given a choice whether to complete the survey, only a small number (127) declined to do so.

Students who participated in the survey were evenly split between years 7, 8 and 9. Roughly half were boys and a large minority (41%) was from BME groups. The majority of the participants came from deprived neighbourhoods (see Table 2).

Table 2 Demographic information for survey participants

	<i>N</i>	
Gender - male	2746	48%
Ethnicity – BME	2762	41%
Age	2739	Range 11.4 – 17.3 yrs Mean 13.3 yrs
Year at school	2970	Year 7: 31% Year 8: 32% Year 9: 36%
Deprivation of neighbourhoods of participants*	2514	Range 1 - 5 (5 = most deprived wards) Mean 4.22

* Calculated from postcodes provided by young people; based on population weighted average of 2004 Index of Deprivation scores for super output areas within a ward, divided into quintiles 1-5, 5= most deprived

4.1.2 Knowledge of the TLC

Of the 2982 young people completing a questionnaire, just less than a third (31%) had heard of the TLC. Table 3 shows how this awareness differed across the sites. Young people from Bolton had significantly higher levels of awareness of the LifeCheck.

Table 3 Awareness of the TLC

<i>site</i>	<i>N</i>	<i>Aware of TLC</i>
Bolton	885	68%
Hackney	788	16%
Northumberland	788	9%
Portsmouth	397	23%
Overall	2858	31%

p<.01

Significantly more of the boys who completed the questionnaire had heard of the TLC (34%) compared with 28% of girls – a finding that may be influenced by targeted promotion work. Significantly more BME young people had heard of the TLC (37%) than white young people (26%, p<.01). This difference lay primarily in Portsmouth and Northumberland, where numbers of BME young people are low (7 BME young people in our Northumberland sample and 18 young people in our Portsmouth sample had heard of TLC). We are not certain why this is the case in Northumberland. In Portsmouth it appears that some additional promotional work took place in a school in a particularly deprived neighbourhood. It is possible that this promotional work was targeted at the more disadvantaged pupils in the school, a group that would be expected to include a relatively high number of BME young people. There was no significant difference across the three year groups, with similar levels of awareness amongst the younger and older pupils.

The majority (61%) who had heard of the TLC knew it was a website asking young people about their life. However, 26% who reported awareness were wrong about what it was: the greatest misconception was that it was health check carried out by a teacher.

A further 12% who said they had heard of the TLC, then said they did not know what it was. The proportions of respondents from each site who were both aware of the TLC and correctly knew what it was, are listed in Table 4.

Table 4 Heard of TLC and know what it is

site	N	Correct knowledge of TLC
Bolton	885	44%
Hackney	788	7%
Northumberland	788	4%
Portsmouth	397	9%
Overall	2858	18%

p<.01

When asked where they had first heard of the TLC, the vast majority of the young people who said they had heard of it, had done so at school (90%). Although this was the key place across the four sites, the proportions who had first heard about it at school varied significantly across the sites. (see Table 5)

Table 5 Place where first heard of TLC

site	N	school	Youth club	Local website	other
Bolton	591	96%	2%	2%	1%
Hackney	117	78%	7%	6%	9%
Northumberland	62	66%	10%	3%	21% ^a
Portsmouth	88	81%	10%	7%	2%
Overall	858	90%	4%	3%	4%

p<.01

* Numbers rounded up may equal more than 100%

^a Other' included e.g. 8% 'home'; 6% who named a town, but not a specific venue.

Teachers were the first source of information about the TLC for just over two-thirds of the young people who had heard of it. As Table 6 indicates, the level of information from others sources varied significantly across the sites.

Table 6 First information source about the TLC

site	N	teachers	Youth workers	Health worker (inc school nurse)	Friends or family	From the web	Local publicity ^a	Other person or service
Bolton	571	75%	5%	3%	7%	2%	4%	5%
Hackney	113	59%	10%	3%	15%	4%	4%	5%
Northumberland	60	40%	10%	2%	12%	8%	25%	3%
Portsmouth	81	65%	3%	5%	7%	5%	15%	0%
Overall	825	70%	6%	3%	8%	3%	7%	5%

p<.01 Local publicity included: posters, leaflets, newspaper, radio and local events

4.1.3 Promotion of the TLC and effect on awareness

As highlighted in the introduction on page 2, most schools had had no TLC promotional activity within their school at the time that the survey was carried out. Where this was the case it was the norm that the staff had limited knowledge of the TLC. This lack of activity was the result of both the timing of the survey in relation to the promotion work, and the promotion approaches used both in terms of setting and methods, in the various THDS. In Bolton, where promotion work was being carried out by the Healthy Schools team, two schools that were surveyed had had a range of types of promotion activity within the school, prior to the survey. Activities included visits/presentations to some or all pupils in the school, by a member of the Healthy Schools team. In both schools pupils had also been given time in a lesson/registration period to try out the TLC should they wish. Also promotional materials such as leaflets and lanyards (printed neck cords) with the web address on had been circulated. One of the Portsmouth schools surveyed had used the TLC in a PHSE lesson. Awareness of the TLC and knowledge that it was a web-based health information tool was highest in the pupils attending these schools. A teacher in a Hackney school had used an information leaflet to incorporate information into a scheme of learning on healthy life styles and the pupils had looked at the TLC in a lesson. This had taken place some months prior to the survey being carried out but levels of awareness were also relatively high in this school.

A few schools had had less intensive approaches for example they had distributed some promotional materials such as leaflets, posters, lanyards and mouse mats. While some of these items proved popular with young people, unless they were combined with a more intensive approach, they did not appear to have been effective in raising awareness.

4.1.4 Usage of the TLC

Of those who had heard of the TLC, the majority had looked at it or used it to some extent, but a third had never looked at it. Overall, 37% who had heard of the TLC had completed the quiz. This number represents 11% of all of those who took part in the survey. Although knowledge of the site was greater amongst boys, actual usage of the TLC did not vary significantly by gender. Neither was school year a significant factor in usage, however it did vary significantly by site (see Table 7 for details of the variation across sites). Additionally, usage was significantly higher amongst BME young people who had heard of the TLC than white young people (62% vs. 42% $p=.02$).

Table 7 Usage of the TLC (by those who had heard of it)

<i>site</i>	<i>N</i>	<i>Completed all the TLC</i>	<i>Looked at it or completed a few questions</i>	<i>Heard of, but have not looked at TLC</i>
Bolton	592	45%	31%	24%
Hackney	120	23%	34%	43%
Northumberland	63	6%	22%	71%
Portsmouth	84	25%	26%	49%
Overall	859	37%	31%	33%

$p<.01$

Those who knew of the TLC, but had not looked at it or completed it fully were asked why they had not made more use of the website. The majority of those who hadn't even looked at it, selected the answer 'wasn't interesting/got bored.' Those who looked at it, most commonly said they hadn't done more because they got interrupted or ran out of time (37%) (See Table 8). These results did not vary significantly by gender or age group. However when compared by THD site, those in Bolton who had not looked at the TLC were significantly less likely to give the reason that they were not interested in it.

Table 8 Reasons for not making more use of the TLC, amongst those who had heard of it

<i>Reason</i>	<i>Those who had not looked at TLC</i>	<i>Those who looked at it or completed a few questions</i>
<i>N</i>	199	241
Wasn't interesting/got bored	28%	17%
Couldn't work out what to do	17%	12%
Didn't need more info on health	10%	11%
Computer blocked access or other computer problems	10%	12%
Got interrupted or not enough time	10%	37%
Didn't think it applied to me	8%	7%
Teacher blocked use	1%	0%
Forgot website address	1%	1%
Other (e.g. 'just haven't done it')	16%	3%

Of those who had heard of the TLC, the majority (59%) reported that they were told to do the TLC, whereas the remaining 41% said they had a choice about looking at it. Being told to do the TLC significantly increased the chances that participants would try out at least some of the questions (67% of those told, versus 59% of those who chose; $p < 0.05$), but did not alter the numbers who actually completed the TLC quiz.

Just over half (51%) of those who had heard of the TLC said the site was not explained to them (by a teacher or fellow pupil) before they tried it out. More participants in year 8 said this than other years. The majority (70%) said they didn't need it explained. There was no gender or age difference in terms of need for explanation. However, there was a significant correlation between having an explanation and completing the full TLC: those who'd had an explanation were more likely to complete it.

4.1.5 Views on content of the TLC

The majority of those who had at least looked at the site reported not finding the questions difficult. Privacy was not a significant concern in all those who said they had heard about it and was therefore not a key explanation for those not looking at or completing it.

The personal profile at the end of the Teen LifeCheck was found to be useful by 53% of those who had completed the TLC. Of the remainder 23% read it, but did not find it

useful; a further 10% said they didn't read it; 2% said they didn't notice it and 12% couldn't remember it.

When asked what things they had been encouraged to do by the TLC, those who had looked at or completed some of the TLC were most likely to say they had been encouraged to eat healthily and be more active.

Table 9 Things the TLC encouraged young people to do

<i>Encouraged...</i>	<i>YP who had completed all the TLC</i>	<i>Looked at it or completed a few questions</i>
<i>N</i>	267	217
Eat more healthily	67%	61%
More active/ sports	49%	54%
Think about your health	43%	39%
Feel better about yourself	43%	40%
Not smoking	42%	35%
Not start drinking alcohol	39%	29%
Not use drugs	39%	34%
Do nothing	32%	27%
Feel better about school	29%	32%
Talk to friends	24%	24%
Use a condom	24%	26%
Delay first sex	23%	25%
Talk to someone about worries	20%	20%
Change your behaviour	14%	16%
Talk to parents or carers	10%	16%
Talk to someone about bullying	9%	19%
Talk to someone about contraception	9%	12%
Use of other health websites	7%	8%
Seek help from local health service	3%	3%
Ring a helpline	2%	3%

Interestingly, in view of the aims of the TLC, making increased use of local or national services had almost the lowest response as an encouragement from the TLC (Table 9 highlights the range of response to things they had been encouraged to do). This finding may have been influenced by the fact (as observed in the focus groups see p 21) that many young people when using the TLC, particularly if time limits are imposed, do not get beyond the main quiz and hence are unaware that this information is available. In addition we also found in the focus groups, that those young people that did access the information on services often found it difficult to engage with. Another possible explanation for the low response rates to the option 'seek help from local health service' and also 'ring a helpline' is that these may represent a bigger and more extreme step for a young person to take than most of the more popular choices of response.

Approximately a quarter of those young people who had used the TLC said that it was very useful. Overall, most rated the TLC as 'a little useful'. Those who had heard of it,

but not looked at it were significantly more likely to say it was not useful. (See Table 10) Similar proportions of girls and boys found the TLC useful, as did different age groups.

Table 10 Usefulness of the TLC (by those who had heard of it)

<i>site</i>	<i>Completed all the TLC</i>	<i>Looked at it or completed a few questions</i>	<i>Heard of, but have not looked at TLC</i>
<i>n</i>	308	239	183
Very useful	23%	26%	19%
A little useful	63%	55%	47%
Not useful	14%	19%	34%

p<.01

Of all those who had heard of the TLC, two-thirds (68%) said they would recommend it to friends. This did not vary by age or gender. Unsurprisingly those who had visited the site or completed some questions were significantly more likely to recommend it than those who hadn't looked at the TLC.

Key points - survey of young people:

- Nearly 3000 young people took part in the school survey. Of these, just under a third reported having heard of the TLC; however only 17% could correctly identify what it was. There was significantly greater awareness of the TLC amongst boys and those living in deprived areas. Awareness was primarily gained through schools; local promotional activities had variable success. Timing and type of promotion work is likely to have influenced findings.
- Usage of the TLC varied, with 11% of the survey participants having completed the full TLC quiz.
- Full completion of the TLC was significantly increased after young people had the site explained to them in advance, either by a teacher or a fellow pupil. Those who were aware of the TLC, but had not fully used it cited disinterest, confusion in how to use it, computer problems and shortage of time as key factors in not making more use of the site.
- The greatest awareness and usage of the TLC was achieved by the Bolton Teenage Health Demonstration Site. This appears to have been the result of intensive promotional activities and demonstration of the site in schools.
- Two thirds of those who completed the TLC said it encouraged them to eat more healthily but only 3% said it would encourage them to access services. The latter may be a result of limited knowledge of/engagement with aspects of the TLC beyond the main quiz or it may reflect the perceived lack of need for services.
- On the whole, the young people who had used the TLC were positive about the content of the site. Most found the site 'a little useful', with a quarter saying it was 'very useful'. Two thirds would recommend the site to a friend.

4.2 Young people's focus groups findings

4.2.1 The focus group participants

Forty focus groups were conducted between May and early August 2007. They took place in schools, PRUs and community (including health care) settings. The total number of young people taking part in focus groups across the four sites was 156 of which 48% were girls and 52% boys.

The age range of those taking part was 9 – 18 years; the mean age was 14 years.

Table: 11 Age of those taking part in focus groups

<i>Age (years)</i>	<i>Took part</i>
<i>n</i>	156
9 -10	15 (10%)
11-14	114 (73%)
15 - 16	23 (15%)
17- 18	4 (3%)

The majority (57%) of focus group participants were attending mainstream school, with 22% attending a pupil referral unit and 14% a school for children with special needs. The remaining 7% were not in school (some were in college or work). A quarter of the participants were from BME groups. Three children aged nine took part in the groups targeted at 10 year olds. These children were in the same school year group as the 10 year olds and selection by year group, as opposed to specific age, was more straight forward for school staff. The 17 -18 year olds were all members of the focus groups targeted to include lesbian, gay, bisexual or transgender (LGBT) young people (see below).

Half of the participants lived in rented accommodation (predominantly council) with 34% in privately owned housing. Of the remainder, four said they lived in a children's home, one in temporary accommodation, and three were travellers.

The vast majority of the participants (94%) said they used the internet. Of these, 60% did so at home and 80% at school.

Focus groups were targeted at specific groups of young people who use certain types of services or have certain circumstances some of which put them at increased risk of poor outcomes (see Table 12). Young people with some 'types of circumstance' which were planned to be included proved to be difficult and in some cases too difficult, for the evaluation team to access. This was often because of very small populations in particular sites and sensitivities around categorising individuals. In some instances compromises could be made. For example, accessing younger people to discuss issues in relation to their own sexual orientation proved very difficult. Established LGBT groups in two areas were attended by older participants (17- 18 years old) who were willing to take part and to reflect back to how they what their views would have been a few years previously.

Table 12 Types of circumstances covered in focus groups

	<i>Bolton</i>	<i>Northumberland</i>	<i>Portsmouth</i>	<i>Hackney</i>
Mainstream schools	✓	✓		✓
Pupil Referral Units	✓	✓	✓	✓
Youth Clubs	✓	✓		
16 Year Olds	✓	✓		
10 Year Olds		✓		✓
Looked After Children			✓	✓
Special Needs	✓	✓	✓	✓
Race	✓			✓
Religion	✓			
Sexual Orientation	✓	✓		✓
Travellers				✓

*This table shows coverage of different types of circumstances rather than numbers of groups.

The category 'Special Needs' included focus groups held in special needs schools. It also includes some focus groups held with young people with special needs attending mainstream schools. These included young people with moderate learning difficulties and those with physical disabilities. The category 'Youth Clubs' includes a group who were described by local staff as 'on the verge of crime'. Focus groups held in youth clubs were held in urban and rural settings.

There was consistency of views across the groups regardless of the specific target circumstances of individuals. Results of the groups are therefore mainly reported under general headings with reference to views from specific groups within these headings as appropriate. Age appropriateness is addressed under the various general headings but some over arching themes are reported in a dedicated section.

4.2.2 Awareness and use of the TLC prior to the focus group

Prior to taking part in focus groups the majority of the young people had had no previous knowledge or use of the TLC. The exception to this was the few groups that were run in schools where the TLC had been intensively promoted – often through a range of activities. In these instances levels of awareness were high. It is important to note that given the fact that the majority of the young people in the focus groups had not previously been aware of, or used, the TLC the views expressed and highlighted here are predominantly those of young people who accessed the TLC only in the focus group setting and had not had the experience of engaging with it individually or in private.

4.2.3 Acceptability of the concept

In general the TLC was perceived as a tool designed to improve health.

'....it gives awareness of every person's health - all aspects of health - shows what you have to do, to be, to have a healthy body' (Young person)

Participants liked the concept of the TLC as a means of improving health. They said that young people would use the TLC if they knew about it.

'[The TLC is a good idea] 'because they might change....it's a good website keep it up.' (Young person)

Virtually no unease was expressed about confidentiality with regard to accessing the site by imputing personal details. However concerns were repeatedly raised in groups about confidentiality in relation to setting. This was particularly the case when discussing the risks and benefits of doing the TLC in a setting with teachers or parents present.

'Adults might see what kids wanted to know about/do.' (Young person)

4.2.4 Content

Most young people felt that the issues covered in the main quiz were relevant. When asked which, if any, they would delete, some individuals across the 10 – 16 age range questioned the relevance of information on certain topics for 10 and 11 year olds (see page 17).

When asked what, if anything, they would add, the suggestions were made around coping with feelings about violence including gun and knife crime, domestic violence and child abuse. Other suggestions for issues to be included in the TLC that arose commonly were around family dysfunction e.g. divorce, poor communication with parents, and the lifestyle of older members of their family around drink, smoking and drug use. Young people were also interested in information on dealing with stressful matters in school such as exam pressure. While the specific examples that young people gave tended to be related to age or locality there was, in general, consistency across the age range about the broad categories.

Young people liked the idea of the personal profile but found the generalized, vague nature of the profile they had received limited its usefulness. There was a general feeling that the personal profile was not 'personal'. Young people wanted something that responded much more specifically to their individual situation.

It is important to note that much of the information accessible via the TLC, such as some of the linked websites, was not looked at by most of the young people. This was principally due to lack of time in the session on the site at the beginning of the group. Also, first impressions of some parts of the website clearly put some participants off investigating them further. This tended to be the case with any area with lots of text and lists.

4.2.5 Tone and appropriateness

There was concern that the TLC quiz suggested a negative view of young people and placed too much emphasis on extremes of risk taking behaviour; suggesting a norm that young people felt was inaccurate. This was particularly commented on in relation to substance misuse. Often young people suggested that this might be relevant to a minority of 'others' but not to them or people they knew.

Many young people said they were not able to select a response for the TLC quiz questions that they felt accurately reflected the fact that they were not engaging in, or interested in, particular types of behaviour. The alcohol, drugs and safe sex questions were most commented on in this regard. There was a suggestion that there should be

an additional 'box' on the quiz pages where those who did not want to select one of the pre-set responses could write their own individual response. At the very least they wanted an option such as 'other'.

Many young people commented that it was inappropriate to call a website targeted at 11-14 year olds Teen LifeCheck when for them the definition of 'teen' is 13 years and over.

4.2.6 Age appropriateness

All the groups were asked whether the website was suitable for their age group and also for their views on the age range that it would appeal to. We asked about the target age as a general concept and about specific aspects of it. The groups that were run specifically with 10 year olds (four groups) and 16 year olds (three groups) particularly focussed on this issue. In general the view was that the TLC had value for young people from 10 – 16 and most felt that the issues covered currently were appropriate for most 11-16 year olds. There were, however, diverse views on the suitability of some of the content for 10/11 year olds. The key concerns were the information on sex/sexual health and on substance misuse. Views of the 10 year olds ranged from: a belief that any information on these issues was inappropriate, distasteful and potentially harmful in that it could raise anxiety about what was normal behaviour and create pressure to experiment; to the view that such information was valuable and likely to be protective. The weight of opinion was that the information on these areas of behaviour could be reduced and 'softened'.

The young people were also asked, if the TLC were to be 'rolled out' for 10 -16 year olds, whether it should be a single version to be used by everyone in that age range or two different versions, one for the younger end of the age range and one for the older end. The majority supported two versions with the divide being around age 12. Many were supportive of the idea that these versions did not need to be completely separate and that young people could opt to access different pages according to what interested them or applied to their lives. Some did, however, express the view that given the option to have more information on particular issues such as sex and drugs most young people would be drawn to this, regardless of whether they were ready for it or not.

4.2.7 Gender appropriateness

In general participants felt that the website was suitable for girls and boys and that separating out some or all of it according to gender would not improve it. Some were under the false impression, as a result of the requirement on the front page to select gender, that there were already different versions.

Young people in LGBT groups suggested that they should not be restricted to only logging on as male or female.

'[They are] already a minority, they [transgender young people] don't get no help.' (Young person)

4.2.8 Language

There was near consensus in the focus groups dedicated to 10 year olds that the language would be difficult for their age group.

'Maybe if it had nice normal words and then they would understand what they mean', (Young person)

In contrast most 16 year olds thought it was *'simple and easy to understand, basic'*.

Other recurring themes were that the website was trying to be 'cool' for example by using slang, *'We don't speak like that'*; and in some places used overly complex language. Examples of quiz responses that were criticised included, *'Friends, what friends?'* (as opposed to *'I have no friends'*); *'I reluctantly agree to join them'*, *'A confirmed smoker'*, *'A non smoker'* and the use of words such as *'bunk off'*.

4.2.9 Appearance and design

Many of the participants wanted the website to be more interesting and attractive to look at. They described its appearance as *'boring'* and *'staid'*. They wanted more: colour, sound, movement, interactivity, pictures (of young people), and cartoons. Observation of the young people trying out the website in the focus groups showed that it failed to sustain the engagement of some of the participants, across the age range and different target groups.

Use of sound, including the facility to convert text to sound, was mentioned as a means of furthering the opportunity for inclusion of young people with low literacy levels, dyslexia, learning difficulties and visual impairment.

In particular there was criticism of the images used on the front sheet

'Pictures of the young people look like adults, too grown up' (Young person).

The front page also attracted adverse comment for not setting out clearly what the website has to offer

'It says 'would you like to check your life' but it doesn't say 'we're going to give you information about it.' (Young person)

The fact that young people were immediately asked to give personal information on the front page was felt to be off putting and there was a view that the main aim of this page should be to entice people in. In addition the inclusion of large signage for 'Male' and 'Female' encouraged young people to click on these omitting to also fill in their name and postcode which resulted in having to start the process of logging in again. This and other examples of what they perceived to be bad web design resulted in young people losing interest in logging on, or persevering with the site. One young person commented that should they get interrupted while doing the TLC the facility to save and then return to the site at the same point that they logged off would be helpful.

Those who used the hyper links were positive about some sites finding them clear and engaging (e.g. the physical activity quiz) but negative about others finding them dull, dense and complex.

In general young people found the pages of questions in the main quiz clear and easy to use. However, many participants didn't notice the hyperlink buttons – they worked through the quiz in a linear fashion – this was observed in the focus group setting but also reported by young people to be the case when used in a more private and less time limited setting. They recommended making the hyperlink buttons much more visible through for example more colour and movement (flashing, etc).

It was a consistent theme that there is too much text and the text is too small and too dense in many areas of the site, but particularly in many of the hyperlinks. This emerged strongly from the groups where young people had special educational needs. Many participants suggested that there should be a greater use of images throughout the site.

Links to local and national support services, wherever they occurred, largely went unnoticed by focus group participants. Often this appeared to be because of the way they were presented. For example some commented on the presentation of a long list of suggested websites to access for help or information as an extension of the personal profile at the end of the quiz. Young people said for example that this information was *'too random'* and *'too blended in'*.

'There was so much I just thought I didn't want to read it....it actually just needs a summary' (Young person)

4.2.10 Appropriateness of setting

We asked the young people for their views on the most appropriate places to use the TLC. Most were happy for it to be used both in school and at home but privacy was the key concern. There was concern that if used in a formal classroom situation it could not be done privately. Often computers had to be shared or were closely spaced. Using the classroom setting to raise awareness of the site was acceptable to the young people – but not as a place to 'do it for real'.

Overall home was the most popular setting chosen by the groups. Young people in focus groups held in school and PRU settings did however express concern that the fact that they were looking at the website might be interpreted by their parents as them having problems with issues such as smoking, drinking, drugs. One (a smoker) said that if his mother caught him looking at issues on smoking *'she would smack me on the head'*

The LGBT groups were an exception. *'I would go to my sisters'* rather than use the TLC at home said another because of *'fear of getting caught using it'*.

Other appropriate settings suggested by the groups were: libraries, internet cafes, social clubs and youth clubs.

4.2.11 Usefulness

Generally the TLC was seen as having the potential to be a useful tool, if the improvements young people were suggesting were made. They viewed it as something

that they would use if they *'had a problem'*. Many said they would use it again, although predominantly they would not save it in their 'favourites'. They would recommend it to friends in particular, again *'if they had a problem'*.

It was a theme that young people wanted the TLC to be more interactive. They really liked the idea of being able to email a question, as with the Dr Ann facility, but wanted a response that was more personalised and individual than those received when they tried this facility. The majority of young people wanted to be able to access help and advice in real time by 'real' people via phone, text and email – routes that may be more acceptable to young people than face to face services.

In the last few focus groups we asked the young people about their views on how the TLC could be improved in order to support behaviour change. In particular we asked for their views on a range of interactive, personalised facilities that could potentially be offered. These facilities, as suggested by the DH, were: a buddy/virtual coach; an image such as an avatar that would change in accordance with their responses to the quiz to show visually the impact of their behaviour on their appearance/health; a power meter, - another means of visually representing their 'score' in the quiz.

All of these interactive features were thought to have merit by many of the participants; with some focus groups clearly favouring one of the three types over the other two. . Views on the avatar, for example, included

'It would be good for the people who are overweight because they would feel hurt when they know what they [would look like] in the future. The hurt would be worth feeling to help them make change.' (Young person)

There was, however, no consensus on which of the three different approaches was the best. It was suggested that all three could be tried out.

Young people found the site sometimes failed to function appropriately. For example for some the personal profile did not accurately reflect their quiz responses – suggesting for example that they smoked when they had responded that they don't.

Participants felt that it would be beneficial to also widely publicise the TLC to parents as a good reference and information website that they could support their children in using. Young people in all age groups shared concerns, in the course of the focus group discussion, about lifestyle of family members and thought that the information on the TLC could also benefit them.

Early on in the evaluation young people and a teacher recommended that the TLC homepage should come up on the first page when searched for in Google. This information was relayed to the DH and has recently been actioned.

4.2.12 Publicising the TLC

The focus group participants suggested a number of ways to publicise the TLC including:

- Have popular young people's favourite TV programmes sponsored by the TLC
- Random advertisements on Pixo (the providers of all forms of digital content - from music, videos, to games and enterprise applications)

- Download it to Nintendo and PSPs (portable playstation)
- Download it to mobiles (one young person worried that his mother would see)
- Have a TLC hyperlink on Childline and Connexions website
- Posters in schools, health clinics
- Leaflets
- Teachers and school counsellors to let young people know about the TLC
- Advertise in Virgin Media, Piscal website, YouTube.

There was no consensus on what public figure would be appropriate to endorse the TLC. A range of singers was suggested and of the sportspeople cited, David Beckham's name was most mentioned.

4.2.13 IT Access - experiences of the research team

Initially, when conducting the focus groups there were difficulties in accessing the TLC website in schools, pupil referral units and community settings. These problems arose as a consequence of specific web security systems, generally set up by schools or education authorities, creating partial or complete blockage of the contents of material with words such as 'sex' in, as a matter of policy. As the data collection progressed schools were asked, in advance of our visit, to test access using a young person's (and not a teacher's) access code and resolve any difficulties if required. Enabling access appeared to be a relatively straight forward process once IT personnel in schools were alerted to the issue.

Key points - focus groups with young people

- Over 150 young people took part in the focus groups across the four THDS sites. The focus groups included significant numbers of young people from groups known to be at increased risk of disadvantage; for example 24% of participants were from BME groups; 22% attended a pupil referral unit and 14% a special needs school. Dedicated focus groups were held with particularly 'hard to reach' young people such as travellers and looked after children. They were also held with young people within particular age ranges.
- Young people viewed the TLC as a tool designed to improve health. The majority, including those in target groups, were positive about it as a concept.
- In general participants were comfortable with a target age range for the TLC of 11- 16 years. Most thought specific and substantial changes would be required to make it appropriate for 10 year olds.
- Most participants were happy with the range of subjects covered in the main quiz. Participants wanted more/better choices of responses in the quiz, and less dense text and use of lists.
- The content of other parts of the quiz attracted more criticism, particularly the personal profile. Much of the information available via the TLC, on associated websites, was not scrutinised by young people.
- The design of the TLC was heavily criticised. Young people felt it could be made much more attractive and engaging. The design and presentation of some of the hyperlinks was found to be uninviting.
- Young people wanted the TLC to be able to give a personal/individualised response. This included the response to their quiz score and to questions they wanted to ask.
- Participants wanted the tone of the TLC to be more positive and to feel more inclusive of those not engaging in risk taking behaviour.
- In general participants were happy to consider using the TLC in most types of settings; privacy was their key concern.

4.3 TLC online feedback findings

4.3.1 Usage of the TLC

The data provided by the DH regarding hits on the TLC website show that the total numbers of 11-14 year olds entering the TLC (defined by having entered their personal details) countrywide increased steadily over the course of the TLC pilot. The total entering between 6th February and 24th July was 8,716, 4,039 gave postcode information that showed they were from one of the THDS. Of these 83% (3339) answered the final question. Of the 11-14 year olds entering the quiz countrywide, 42% were male, and 13-14 year olds were the greatest users countrywide.

Of the young people entering the quiz, who gave a THD site post code there were consistently substantially more young people aged 11-14 years each fortnight from Bolton than from the other three sites. The numbers in the other sites were roughly comparable with each other. For example the figures up until 24th July were 2085 11-14 year olds from Bolton compared with approximately 650 from each of the other sites. This pattern changed in July when Bolton's fortnightly numbers were more on a par with the other sites. This data supports the findings of the survey with respect to the relative success of the school focused approach to promotion used in Bolton which therefore came to an end with the end of the school year.

4.3.2 Online feedback from users of the TLC

The intention was to use the responses from the brief online evaluation page of the TLC to obtain information on accessibility, satisfaction and perceived impact. Only a small minority (about 8%) of those entering the TLC completed the evaluation page, however, which limits the usefulness of the data. Additionally, by necessity, only a very few questions were asked on this feedback page. Despite the limitations, this data consistently showed findings that correspond with those of the evaluation survey. For example, the online feedback indicated that the most common location for completing the TLC was school and that the majority thought it was 'a little useful'.

Key points – online feedback

- 8716 young people aged 11- 14 years old entered the site between February 6th and July 24th; 42% of these were male. 13-14 year olds were the greatest users of the TLC.
- Bolton generally had much higher usage rates than each of the other sites, though this pattern appeared to be changing in July.
- Completion rates for the online evaluation page were very low; but findings support the evaluation survey findings that the majority completed the TLC in school; and found it 'a little useful'

5. Findings - stakeholders focus groups and interviews

5.1 Parent's focus groups - findings

5.1.1 Participants

Four focus groups were held with parents in three of the sites. A total of 15 parents took part – 14 mothers and one father. The majority were not in paid work and seven participants were from BME groups. They had between one and six children each. The children ranged from 6 months to 26 years old, 18 of whom were currently 10 – 16 years old.

5.1.2 Acceptability of the concept

The parent's views on the TLC ranged from predominantly positive about the concept of the TLC in 3 of the 4 groups, and predominantly negative in one of the four groups. Those who were positive thought it was a useful resource that would improve the health of young people

'I think if they've got issues that they're dealing with and it's there then they will turn to it and use it actively.' (Parent)

These parents who were positive about the site also welcomed it as a useful resource for parents to direct their children to if the child had a query. In general they said they would recommend it to other parents and to young people.

The parents who expressed negative views about the TLC were unconvinced about it as a means of improving health. They were of the view that resources would be better used funding a more personal, direct approach such as Childline.

5.1.3 Content and design

In general the parents whose views on the TLC were positive liked both the content and the design. They felt it had use across the 11 -14 years age range. For the groups that were asked for their views on use with the 10 – 16 years age range, the parents had reservations about 10 year olds being exposed to aspects of the content of the quiz; in particular the questions around smoking, alcohol and sexual health. Some felt these topics were wholly inappropriate for children of this age. Others were happy with these topics being on the site but wanted the emphasis changed to make it more age appropriate for example having a question on puberty rather than contraception. They had no concerns about confidentiality. Additional topics that it was felt could be added were *'problems at home'* and child abuse.

The parents who were not in favour of the TLC appreciated that the range of issues covered were appropriate and important for 11 to 14 year olds and needed addressing but 'not in the context' of the TLC. Specific criticisms mirrored those of some young people, for example that the TLC in its current form portrays a negative view of young people and that it would not hold their interest sufficiently.

This group of parents, unusually, explored a number of the web links on the TLC. They were very unhappy about the quality of at least one of these links finding information they considered inaccurate, dated and inappropriate for young people as young as 11 to 14.

5.1.4 Appropriateness of setting

The parents who were positive about the TLC thought it should be introduced to young people in schools, on the understanding that serious consideration was given to protecting the young person's privacy while using it, and they were happy for it to be used in the home.

Key points – parents' interviews

- The majority view of parents was that the TLC was a useful resource for young people aged 11-16 years, and also useful for parents.
- A minority of parents had serious reservations about the quality, suitability and usefulness of the TLC.
- Parents felt that if 10 year olds were to be included in the target group some of the information should be made more age appropriate.
- Most were happy for the TLC to be used in school or at home. Privacy was seen as a priority.

5.2 Professional stakeholder interviews - findings

5.2.1 The participants

In-depth interviews were conducted with the four local TLC co-ordinators during May 2007 and repeated in July 2007. Interviews were held with 25 other local stakeholders from health, educational and youth work settings between May and July 2007. Nineteen of these were in-depth and a further six were shorter interviews carried out opportunistically in fieldwork settings when collecting data from young people. Approximately two-thirds of those interviewed were managers and the remainder worked directly with young people. In addition, in-depth interviews were conducted with four national stakeholders; two of these stakeholders were from the DH and two were consultants connected to the development of TLC; one a medical consultant and the other a youth work consultant.

5.2.2 Background to the TLC (aims, promotion, access)

The TLC as a tool for general advice and information

Respondents had differing views about the aims of the TLC, but all mentioned its role as a provider of general information and advice to young people that raises awareness of health issues. Information provision was considered important in today's sexual health climate, where young people are exposed to what are perceived as high levels of risk.

The TLC provides information about, and links to, local services as well as national ones. Participants felt it may be particularly useful where services are geographically remote.

The TLC was perceived as a useful tool for general advice especially where young people want information without approaching adults for help. When it is used as a self-complete tool, provided confidentiality is maintained, there is no external pressure to censor responses and therefore the tool can be more useful in terms of signposting young people to helpful services.

Other aims of the TLC

Several respondents mentioned aims of the TLC that went beyond simply giving general advice and information to young people. The TLC could be seen to empower young people, for example:

'It's really to give young people a chance to reflect on what their current lifestyle is, how that impacts on their health... make suggestions as to how young people can improve or reaffirm that they're doing the right thing here, but maybe not the right thing in another scenario... empower themselves to take control of these issues.' (Local stakeholder)

This last perception affirms the DH's view of the TLC as a tool to encourage young people to think about their health behaviour and take responsibility for their health. The TLC was perceived as one piece in a matrix of measures that could potentially support behaviour change.

One aspect of the TLC that was raised is its capacity to normalise behaviour. A couple of stakeholders interviewed said this could be helpful, in terms of reassuring young people, or dangerous in that there is a risk of normalising behaviour not yet thought of or engaged in.

Another (less general) aim of the TLC was considered to be its potential, through targeted work, to reach young people from more 'vulnerable' groups, such as young people in the care system and those in danger of slipping through the support net.

In three of the sites, respondents who had been involved from the outset felt that the DH lacked clarity in their concept of the tool. These respondents believed that there was no clear evidence base for the efficacy of online health promotion.

'The research hasn't been done around how effective [online support] mechanisms are...I don't know whether [DH] are sure about what they want this to be. Whether they want it to be about behaviour change or whether they want it to be about accessing services and getting people to think about taking responsibility for their health. And maybe they're not mutually exclusive...' (Local stakeholder)

Areas where there was a reported lack of clarity included:

- Whether the TLC was a self-complete tool for independent use, or a health promotion tool aiding work in structured settings;
- The target user – whether mainstream or marginalised and vulnerable; those at the transition from primary to secondary school or a wider age range.

Promoting the TLC in a 'sea' of other initiatives, with limited time and busy lives

The difficulty of making young people aware of the TLC, and overcoming barriers to its promotion and use was mentioned by most respondents. They said there might be ideological resistance to the sexual content of the TLC in some school settings, and time constraints, particularly in a school context, which mean that accessing and using the TLC isn't a priority for those working with young people. It was said to sometimes be difficult to get the message across about the TLC given the existence of many other initiatives aimed at young people. In school settings it was felt to be crucial to engage the support of a senior staff member in order to drive the initiative forward.

The best way of promoting the TLC was seen as being inextricably linked to the quality of the tool itself. Professional stakeholders were aware of the dilemma at the heart of promoting the TLC successfully, in its current form: use of PHSE lessons ensured that large numbers of young people used the tool, and used it in a supported context where issues it raised could be followed through; but this method compromised the concept of the tool as being voluntary and a means of taking responsibility for one's own health. Confidentiality was seen as being more difficult to maintain in a classroom setting. They felt that promotion of the current version of the TLC, via the media or community events, as a self-complete tool to use outside school lessons was unlikely to reach or engage large numbers of young people, especially more vulnerable groups:

'The product's not good enough for young people to use it independently, in terms of interest, excitement or fun. It's old-fashioned in terms of ways you address health...' (Local stakeholder)

Given the difficulties of promoting the TLC, one way forward suggested by a number of respondents was to avoid being purist and use all avenues available.

'My feeling is that you need to saturate...not either [PHSE] or [independent access]... I would go for wide access, big numbers and then look at ways of dealing with specific sub groups.' (National stakeholder)

Suggestions for effective promotion

Methods for effective dissemination of information about the TLC included:

- National co-ordination and marketing consistency to ensure the same message was put across (cf. the Teenage Pregnancy Strategy)
- To support schools and pupil referral units, in the following ways: build the TLC into the curriculum; provide lesson plans for PHSE teachers and teacher information about the concept behind tool; provide posters and other publicity materials for schools.
- To link up with the National Healthy Schools Programme e.g. joint work with schools working towards National Healthy School Status.

We've made an offer to schools, through Healthy Schools funding as well, for them to run special health events in the secondary schools... cause they're working towards also getting Healthy Schools Status... and part of that is they open the IT suite to every young person in the school to go on board and complete the [TLC] questionnaire... and at the end of it, they give me some focus groups where I can ... identify any health issues or services that they want more information on, that they feed into the schools PHSE curriculum for the following year...'(Local stakeholder)

- To provide an introduction pack for every 11 year old coming up from a primary school that included information on the TLC within that.
- To make it compulsory for young people who participate in youth projects that provide accredited learning to spend one hour using the TLC as part of their accreditation / a criterion for involvement in the youth project.
- To familiarise young people with the tool and its links in school and community settings, so young people can then use the tool on their own.
- To promote in combination with other attractions at (big) community events.

Access issues

The professional stakeholders were of the view that there may be problems alerting young people to the TLC, and finding the time within busy working schedules to introduce it to young people but nearly all respondents mentioned barriers to its use that are practical, technical and logistical in nature and relatively easily surmountable particularly provided:

'The logo is a poor shape, doesn't lend itself to newsletters. Schools haven't the time or expertise to fiddle with it'

'It's a problem if you've planned to do a lesson on the internet and then it's jammed...'

'In a PSHE group...clearly they need the computer labs or the access to computers...'

(Local stakeholders)

The majority of respondents mentioned a primary and major barrier to access and use of the TLC: not having personal use of a computer in the first place, especially in the case of young people living in poverty, or computers not being placed so that some degree of privacy could be guaranteed.

5.2.3 Suitability of the TLC

The perceived suitability of the TLC related primarily to its content, design and layout, and how it could be used by different types of young people (given the way it looks/functions at present). There were two broad themes that emerged from the interviews under this heading, and the first of these is a kind of 'super theme' as most respondents had something to say about the design and content of the TLC (though views differed and were sometimes contradictory).

Theme 1: Overall, the concept of the TLC is a good one – but its design and content requires improvement

Professional stakeholders largely regarded the TLC as a good concept, but one that requires improvement in terms of aspects of its design and content. Views on how well it is regarded by young people in its current form, and how useful it is to them, were mixed.

A number of respondents felt that the design and content is acceptable to young people:

'Just the simplicity of it. You answer a few simple questions and it works out what type of person you are and what your habits are and gives you advice on how to improve your health...' (Local stakeholder)

'I think [young people] think it's easy to use, I think they like the content ...it's quite plain, but I think they like the information it takes them to ...I was really sceptical when we started...But it's been really positive.' (Local stakeholder)

Stakeholders regarded content as more fundamental than design: *'you've got to make sure it's the stuff they want'*. Some respondents favoured a simple design, whereas others felt it should be cutting edge in order to attract young people.

Most respondents mentioned aspects of the TLC that they considered worked less well or about which they were uncertain:

- Gender issues: the multiple choice answer format was felt to mimic girls' magazines so is less likely to engage boys. Home page graphics were said to reinforce gender constructs (girls pink, boys blue) that are restrictive and unhelpful.
- The range of quiz responses was perceived as too small.

'Being forced to tick a box that that doesn't really reflect how you feel is a negative experience – it's about pigeonholing and people don't like being pigeonholed.' (Local stakeholder)

- Some of the content is presented as leading questions which could compromise young people's responses.

'Sometimes the questions are a little obvious ... If I want to look like a positive person, I'll just answer, 'I eat really healthily'. If I want to look like a bit of a slob, I'll answer, 'Fizzy drinks, crisps and burgers'. How are you going to make them really think about their personal situation without having a leading answer that they know will render a particular outcome...? Some of the kids have said, 'Well, I can see where they want me to go with this'. (Local stakeholder)

- The binary response design of the questionnaire was seen as inflexible. Another approach would be to use a sliding scale that measures strength of feeling (used in behaviour change models such as cognitive behaviour therapy or motivational interview techniques).
- The design (with links listed at the side away from the main body of the quiz) was felt to encourage people to use the tool in too linear a way. Hyperlinks on the text in the questionnaire and throughout, for example on the word 'exercise' or 'sex', would overcome this drawback.
- Quiz questions were seen as too negative, thus reinforcing negative stereotypes of teenage behaviour.
- Some criticised the lack of opportunity to say 'I haven't thought about this yet'.
- Home page could usefully be clarified and an override placed on the postcode.
- The ambiguity as to which age group the TLC is targeting was said to be reflected in the design. The images of young people used in the heading of the quiz pages and in the links should reflect the age targeted not an older group.
- Images and words used in the main quiz were trying too hard to be streetwise. Young people are sensitive to manipulation. Rather than copying adolescent slang, ensure that the language is fitting. A diversity of images – generic and inclusive – should be strived for.
- The profile at the end was seen to be too wordy and could usefully be split up into smaller chunks of information with bullet points. As much thought should be given to the presentation of this section as to the main quiz.
- The profile was said to give insufficient positive reinforcement of good health behaviours. Empowering messages would be useful, as would messages concerning relapse prevention, *'you're not drinking at the moment but if things start getting out of hand you might want to go and get help from this kind of place'*. Providing a 'healthy/unhealthy' score would allow young people to compare themselves with 'normal' young people (which they like to do), overall and in their region.

- Service information could usefully describe in a fuller way the local and national services that link into the TLC.

Staff often based their views on both their own perceptions of the TLC and their observations of young people using and discussing it.

Theme 2: The TLC, in its present form, is unsuitable for some young people

Despite positive comments about the design and content of the TLC, many respondents mentioned groups for whom it did not, at present, function well. Respondents were specifically asked if they could think of any groups of young people for whom use of the TLC might be problematic. A sizable minority of respondents cited young people who have learning difficulties or literacy problems, or for whom the TLC's content might be culturally unacceptable:

'The TLC is literacy dependent...What about our young people with learning disabilities, what about our young people who have poor literacy and numeracy skills? Because it then isn't confidential and their personal profile isn't confidential, it relies on someone working through that with them and then the meaning of the tool changes...' (Local stakeholder)

'There's nothing in for lesbian and gay/bisexual young people is there? It doesn't speak to them in any way, shape or form, [or] heterosexual young people who will be growing up in friendship groups that will have a young person that will be lesbian, gay or bisexual at some point. And in the way that they were scared to ask a direct question about sex, they could ask a question about if your friend told you they were gay, type of thing, how would you react?' (Local stakeholder)

5.2.4 Impact of TLC (on young people's services)

Professional stakeholders were asked if they thought young people benefited from using the TLC (or, what they 'got out' of it) and in what ways they benefited (did they seek further help, for example? Did the TLC impact directly on health behaviour?). Staff were also asked if they thought that the TLC had affected awareness, use or development of local services.

Impact of the TLC is currently unknown

Clearly, these were not easy issues to explore within the evaluation: it would be difficult to ascertain the actual impact of the TLC on either young people or local services (though it is relatively easy to make comments about young people's *experience* of using the TLC or service providers' perceptions of the TLC). Reflecting this, most of the professional stakeholders interviewed could not point to *specific* examples of the TLC affecting outcomes for young people, or thought it was too early to tell, but had considered these issues:

'I wonder whether the messages will slowly seep through ...what does it take to make somebody change? I think in the back of your mind, if you've seen something about an issue or about a topic, there's every chance you will return to

it...when you've had time to reflect on it, depends what sort of a learner you are or... where you are on the change cycle...' (Local stakeholder)

'Yes [it] could always increase awareness... [The] issue of bullying came up in one group [using the TLC] and there was a discussion. Now we have started doing some work around bullying in that area, it informed our practice and work as well.' (Local stakeholder)

'[Young people] enjoy doing it and they like getting their profile... that's the extent of the feedback. So we aren't hearing it made someone really think about their x y z behaviour and then we went online and looked up a helpline or we read more about this or we contacted the local service...'(Local stakeholder)

A couple of respondents suggested ways in which the TLC *might* have impacts on behaviour (usually at some point in the future). For example, as highlighted in the following quote, the TLC, by imparting information, could potentially help foster confidence in young people so that they are better able to seek help:

'I think it's a reality check for them, if some people are using risky behaviour they might think, e.g. that smoking/drinking a bit when you're still young doesn't have an effect, but they take the quiz and find out otherwise. It's giving the young person a choice, it's saying if they want to carry on, these are the consequences of it... [I]t may also give them confidence to speak to adults, because they've got a bit more knowledge and feel confident about talking around the subject. Maybe with a parent, youth worker, etc.' (Local stakeholder)

It was suggested that the TLC has increased awareness of local services (though not necessarily service use or development) though, in one case, the respondent highlighted other problems around accessing services: namely *'whether the services that you've got locally are worth using anyway...whether they even exist and how easy they are to use.'* (National stakeholder)

On the whole, respondents felt that young people, especially the more vulnerable, would be unlikely to access the website to seek help with behaviour change. This is because young people, by choice, use the internet primarily for entertainment and because the factually based interaction that the site provides would provide insufficient motivation or support; help-seeking behaviour would be more likely to arise in conjunction with hands-on interventions, such as one-to-one support or group discussions.

Respondents were uncertain about the impact of the TLC on services; none could provide clear evidence of impact.

Staff thought it would be useful to monitor service use resulting from the use of the TLC (at least in the initial stages, when seeking information from service providers via websites).

5.2.5 Taking the TLC forward

There were two main issues under this heading that the DH asked the evaluation to focus on: those around modifying the TLC to include new developments, such as an

online coach or use of interactive tools such as avatars; and extending the age range at which the TLC is aimed from 11-14 years to 10 – 16 years. Respondents also mentioned other ways in which the TLC might be effectively taken forward in terms of its development and promotion.

Support for modification of the TLC

Overall, there was support from most of the adults working with young people for modification to the TLC to make it more user-friendly. Many respondents responded positively to questions about changing the TLC so that it reflects different age ranges and stages more effectively than it does at present.

There were mixed views on whether, if the age range was extended, there should be one version of the TLC or two. There was agreement however that people before and after puberty have different concerns; and ten year olds do not have the cognitive ability or emotional maturity to process content directed towards older young people.

Most respondents saw one website as the better option, using a zoning approach with tailored questions and grades of knowledge, letting the user decide which pathway they want to take. There was concern from some respondents, however, that an overarching tool may be misused by younger children. It was felt that *Teen* LifeCheck would be a misnomer for a website where the target audience included 10 to 12 year olds.

In relation to being more interactive and personalised, some respondents felt that it would be worthwhile trialling a personal and friendly online mentor, although at present there is no evidence to indicate whether or not an online 'friend' would be as effective as having a close confidante. The DH would need to overcome problems with data protection if considering a more personalised response. Support for the use of avatars was stronger than for power meters, with a feeling that these were no more open to manipulation by the user (which was a fear that the DH had expressed) than the rest of the TLC.

It was noted that, in order to remain attractive to young people, the TLC should be updated regularly as technology advances; private sector experts might be better placed to do this.

'...in a world of fast-moving IT, I think the people who are doing it best are probably the people in the private sector who... not only are reflecting culture but to an extent they're creating cultural nooks and crannies...you don't see the DH doing that...[they] are way, way behind for that kind of thing, but their role I think is to commission...' (National stakeholder)

Other ways that the TLC can be taken forward.

Respondents were asked about ways in which they thought the TLC might be taken forward in terms of its development and promotion. Some of these suggestions and comments have already been covered above (under section 5.2.3). Many suggestions and comments were very general in nature, though often insightful, and were focused either on the future of the TLC, its promotion and its online development (or, in some cases, a mixture of all three):

'If the young person just comes here, uses that site, prints off a page, is that enough... that they just identified it to themselves? Shouldn't there be a bit more proactivity to help? But then you're talking about how you spy on people's responses, which you can't do...[T]he ideal way would be to have a responsible adult... who could then ask at the end of the session, 'How did you find that?' ...Because you frequently have emotional fall-out from experiencing even internally, the answers to these questions...If there's nobody to go to, you just end up feeling a bit mopey...but if I had somewhere where I can go...talk... about any issues that have come out, then that's very proactive and I know that I can take care of that right there and then.' (Local stakeholder)

'Maybe it has a dual use, and that it can be used mainly in a structured, classroom setting...basing a whole lesson around it for example... especially, if you've got an interactive whiteboard, because I think they would get more out of it, [in]a small group situation ... where people can discuss their views and what they would choose, and then you get that sort of interaction and feedback from participants rather than everyone doing it individually.' (Local stakeholder).

'If rolled out, it would need national co-ordination to ensure the same message was put across...Marketing consistency needs to be there to avoid mixed messages....Schools are one option ('captive audience') but teachers need to be on board because raising sexual health and other issues is not necessarily seen as a good thing. Recently drop-in sessions (not TLC) have been cancelled within schools because the head said it was 'not appropriate.' (Local stakeholder)

'Relating it to social networking websites ... that's an interesting and potentially dangerous route but it's probably where you need to take it... Those kind of sites are pushing boundaries... it's out of the control of government to an extent... there's also potentially a much greater chance for young people to use this in their own time, in their own space rather than it being driven through PHSE lessons.' (National stakeholder)

Respondents felt that a wide range of interactive and personalised options should be trialled. The new prototype should be evaluated, whether it was being used in a variety of settings in schools and youth projects, where there was opportunity to follow through issues and feelings that emerged from use of the tool, or being used by individuals in their leisure time.

Key points - professional stakeholders interviews

- Professional stakeholders perceived two broad aims to the TLC: one more general and the other more 'advanced'. The TLC was seen as providing general advice to young people, especially those who didn't feel they could approach adults and where services might be some distance from their homes. At a 'higher' level, the TLC might also have an empowering or enabling effect, especially in today's risky sexual health climate and where some groups of young people are marginalised; it could potentially contribute to the support of behaviour change.
- There were perceived problems in promoting the TLC, especially where there are other initiatives aimed at young people and where time is limited. Professional stakeholders felt innovative methods may be needed to overcome these barriers, in school and community settings, especially where young peoples' private access to the internet is restricted.
- Some professional stakeholders had generally positive things to say about the design, content and layout of the TLC, while others mentioned specific issues that they thought could be addressed to improve the look and functioning of the TLC. These included: too much text, some ambiguity about the TLC's target age range, overly obvious and leading questions, and too great an emphasis on state of the art design when content is more important.
- Respondents mentioned groups of young people for whom the design and content of the TLC might be problematic. These included: young people with learning or literacy difficulties, young people from travelling communities and some gay and lesbian young people.
- Because of the early stage of availability and usage of the TLC, it was difficult for professional stakeholders to highlight ways in which the TLC has impacted on young people's behaviour, or had had wider impacts on service use and development. However, there are signs, according to some respondents, that the TLC is already having an impact of service awareness and there is the potential for the TLC to have a more discernible impact in the future especially if service use and development is monitored.
- Most professional stakeholders identified that there is a large developmental difference between a 10 year old and a 16 year old, and a re-design of the TLC to cover this wider age range would have to take this into account.
- Professional stakeholders offered often very insightful views about how the TLC might be taken forward in terms of its further development or promotion. Further refinement of the tool (with addition of avatars, links to social networking sites etc,) was suggested, as were: having initiatives in place to deal with unanticipated emotional 'fallout' or other consequences from use of the TLC; ensuring a strong and consistent message about the TLC is disseminated; and trying to monitor the more discernible impacts of the TLC on young people's behaviour.

6. Conclusions and issues for consideration

6.1 Conclusions

The findings of the TLC evaluation are summarised here, under the headings of the key evaluation questions.

How aware were young people of the TLC?

It was found in the evaluation survey that just under a third of young people aged 11-14 years had heard of the TLC. Of these however, under a fifth were able to say accurately what it was. Levels of awareness appeared highest amongst boys and were similar across age groups; they also appeared highest amongst BME groups and those living in areas of high deprivation. The latter point implies that those promoting the TLC were having some success in reaching some of the key target groups. However, the fact that the survey was conducted in schools where variable levels of promotion of the TLC had been carried out may have influenced these demographic findings.

How many young people are completing the TLC?

In the period 6th February to 24th July 8,716 young people aged 11-14 entered the TLC website, with slightly more girls doing so than boys. As the TLC was available (though not promoted) beyond the four sites this figure includes those entering the quiz outside the areas that were surveyed. Within the pilot areas, it was found that only 11% of survey participants had completed the quiz. Completion rates were higher amongst young people in BME groups than white young people, but there was no difference for age, gender or deprivation.

How acceptable is the TLC to young people? Does this vary across target groups?

Young people were generally positive about the concept of the TLC but expressed dissatisfaction with some aspects of content and many aspects of design. A strong theme was the desire for the TLC to function in a more personal and individualised way.

The evaluation survey and the online feedback questionnaire both found that the majority of young people view the TLC as 'a little useful'. Focus group discussions suggest that satisfaction would increase if key changes to the site were made. In general groups were comfortable with a target age range of 11-16 years; uncertainty about extending the TLC target age range down to 10 years olds was expressed by all groups of participants.

These general survey and focus group findings were also broadly true of the young people with specific circumstances that put them at risk of experiencing disadvantage; the few suggestions for how it could be more accessible to these specific groups would in general be easily achievable.

How do professional and other stakeholders view the TLC?

The views of professionals were similar to those of the young people in that they were positive about the concept, but many felt changes to design and content were required. The focus for professionals was more on change to content, than design. This may have been the result of a more in depth knowledge of the site, as the views of young people in

the focus groups were based on relatively brief and therefore superficial experience of the site.

What is the impact of the TLC on knowledge, attitudes and behaviour?

The evaluation showed little evidence of impact on help-seeking behaviour. Survey participants who had used the TLC said that it gave them encouragement on a range of positive health behaviours, but notably did not feel it encouraged them to use local health services. Young people's focus groups yielded little data on views on encouraging use of local services; this aspect of the site made little impression on them. Both young people and professionals were, however, positive about the potential of the TLC for impact on knowledge, attitudes and behaviour once it is improved and more widely used. Ideas on the addition of interactive features to the site were supported.

How do young people and stakeholders feel the TLC can be best promoted with young people?

The survey clearly showed that levels of awareness and use of the TLC were highest where promotional activities and demonstration of the site took place in schools, and full completion was significantly more likely when the site was explained to young people. Young people, parents and professionals were happy with schools as a place to raise awareness but all parties were clear that only settings where confidentiality could be assured were appropriate places for young people to be expected to 'do the TLC for real'. Data from all groups suggested that for a range of reasons schools may not be able to offer the levels of privacy required. Professionals were concerned about resource implications for schools. Young people and professional stakeholders were enthusiastic about the range of potential promotional options that could be tried.

6.2 Issues for consideration

Given the key findings, the evaluation team would like to raise the following issues for consideration by the DH and those affiliated with the development of the TLC.

Purpose of the TLC – Confusion exists about the purpose of and evidence base for the TLC which highlights a need for improved communication from the DH. Could the DH clarify further the evidence base for the TLC and its future purpose/aims? For example to what extent does the emphasis remain on young people accessing the TLC on an independent and voluntary basis? Is the provision of information on local and national health services to young people still a primary aim of the TLC?

Improving the content – There was consensus amongst evaluation participants about changes to content that can be relatively easily achieved. While there was less data on the quality of the content of those websites accessible via the TLC, including those for local services, it appeared that the quality of the content of these is variable. Could further in-depth work be carried out, with young people and health promotion consultants with an interest in adolescent health, to assess the merits of these associated websites in terms of both content and design?

Improving the tone - It was clear from the evaluation findings that the tone and perceived emphasis on negative forms of behaviour need lightening. Could there be work on improving the balance between signposting young people who want information on extremes of behaviour or situations they are dealing with, such as abuse and violence, and not appearing to imply a negative stereotype?

Improving the design and functioning – Substantial changes to design and function appear to be required. In particular features that enhance the personalised or individualised nature of the tool were suggested as an important area for development. Could it be possible to incorporate a range of interactive features on the next version of the TLC as a means of testing their acceptability and usefulness? Could the DH consider bringing in external design consultants for new and on going development of the TLC?

Target groups - If the age range of the TLC is to be extended to include 10 year olds, then the evaluation findings indicate that aspects of the content would require considerable change. Because of the sensitivity around these issues, could 10 year olds and their parents be involved in the design and testing of these modifications before they are finalised? Beyond the younger age group, consideration of the needs of other groups with particular circumstances should remain central, and will require some minor design and content alterations, but in general the TLC is seen as having the potential to be an inclusive tool.

Information on services – If this remains a primary purpose, and the evaluation showed considerable support for this from staff, the development and then on going maintenance/updating of this part of the site will be key to this being of use to young people. How will the DH ensure that the maintenance of this part of the site can be kept up to date? Whose role will it be to supply this information locally? Whose role will it be to update this information centrally?

Piloting the next version of the TLC – The evaluation suggests that to be most useful and acceptable, substantial changes to the TLC are required. Could an evaluation of the new version be incorporated? Learning from the input by young people on this evaluation suggests that bringing together groups of young people who can be given the time to investigate the site in some depth before giving their views would be appropriate.

Promoting awareness and use - If it is decided that intensive promotion in structured settings, such as schools, is a key route for promoting the TLC, this will require high levels of support locally of a variety of types. Support could include improved IT resources, guidance for teachers on how to incorporate into schemes of learning etc, training on key issues such as the distinction between raising awareness of the site and 'doing it for real' and the importance of provision of information for parents. Could the DH give consideration to the development of these tools, as well as improving the TLC site itself? Trialling of some of the other promotion routes suggested by evaluation participates could also be appropriate.

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