Secondary schools and sexual health services

Forging the links

Sarah Thistle

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EDUCATION
FORUM

Sex Education Forum

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Part 1: **Introduction**

'A link between schools and sexual health services needs to be made, as this is where the flaw seems to be in making young people today more "wised up".'
(Young person, aged 16)

About this booklet

This booklet aims to encourage secondary schools and sexual health services to improve links between sex and relationships education (SRE) and specialist sexual health advice and support. Aimed at teachers and health professionals who want to work together more effectively, it gives guidance on improving young people's access to sexual health services both in school and in the wider community.

It is set out in three sections. Part 1 gives background information on why schools should build stronger links with services, puts the subject within a national context, and identifies what young people see as the issues. Part 2 examines the different ways in which links can be forged between schools and sexual health services and illustrates each method with examples of successful schemes. Part 3 provides clear guidance for schools on the process for deciding the most appropriate and effective approach, based on local needs. References included in the text are listed at the end of the booklet along with useful contacts.

Why should schools strengthen links with services?

'The message the school gives in helping us access sexual health services is they want to help us get the right help and information.'
(Young person, aged 15)

By building stronger links with health services, including sexual health services, secondary schools can improve young people's access to professional advice and support on a range of health and emotional issues, such as bullying, eating disorders, depression, drug use (including alcohol and tobacco) and sexual health. All of these factors have the potential to affect a young person's ability to learn and achieve, as well as limiting their confidence in making healthy decisions.

Young people have an entitlement to SRE which prepares them for puberty and supports them in developing their knowledge, personal and social skills, and a positive attitude towards sexual health. SRE is most effective when linked with local sexual health services which have been developed in consultation with young people (HDA 2003). Schools have a crucial role to play in ensuring that pupils are able to access individual advice, support and clinical services as and when they need them.

All secondary age pupils, including those who are not sexually active during their teenage years, will benefit from learning about sexual health services so that they can make effective use of them in their adult life. Also, through closer links, schools can access accurate information and expert advice about the needs of young people, which can be used in planning effective programmes of SRE.

What are the issues for young people?

Just as young people are beginning to face increasing academic pressures at school, they are also having to deal with changing bodies, emotions and relationships. If they are unprepared for these changes, it can be a difficult and anxious time. They say for example:

> ***'If you feel worried about what's happening to your body, you can't concentrate and so your school work suffers.'***
>
> ***'My girlfriend said her period was late and I was really frightened that she might be pregnant. It was really scary ... She had her friends to talk to. I couldn't talk to anyone.'***
>
> ***'I was supposed to be revising for my GCSEs, but all I could think about was the argument I'd had with my boyfriend and whether he still loved me.'***

Recent research highlights how much young people value the opportunity to talk about sex and relationships. Between the ages of 11 and 14 years, it comes second only to bullying on the list of what they would most like to be able to talk to adults about. By the time they are 15, it becomes the most important issue (RBA 2003).

In countries such as Sweden and the Netherlands, young people grow up in a culture which is open and honest about sexual matters, and supportive of their developing sexuality. This enables young people to develop a sense of pride in their bodies rather than overwhelming feelings of anxiety, confusion and embarrassment.

Young people tell us that even when they know the services are there, much has to be done to break down both the real and perceived barriers that exist. In discussions informing recent research, common questions asked by pupils included: 'What would the centre be like?', 'Who would we meet?', 'Do you have to give your name?' and 'How do you ask for help?' (OFSTED 2002). A study in Redbridge identified that young people

have serious concerns about confidentiality being broken and are often anxious about seeking help from health professionals for fear of being judged (London Brook & RWFHA 2000). Typical comments from young people included:

> ***'We worry that the GP will phone our parents.'***
>
> ***'We want to be reassured that it's confidential. We want to feel that staff can be trusted.'***
>
> ***'We don't want to be judged but to be treated with respect and with understanding.'***

Young people taking part in another study said that more involvement of schools, better advertising, better access to clinics, improved atmosphere and greater trust in their confidentiality would all help to boost uptake of services (Stone and Ingham 2000).

The national context

Young people and unprotected sex: the consequences

Research shows that young people are having sex earlier. Since the 1950s, the average age of first sex has fallen from 21 to 16 for women and from 20 to 16 for men, with over a quarter of young people becoming sexually active before the age of 16 (Wellings *et al.* 2001). Although use of condoms at first sex has risen significantly in recent years, young people under 16 remain the group most likely to have unprotected sex. Three-quarters of young people who visit services for advice do so only after they have become sexually active. Young people's apprehension about seeking advice and the inconsistent use of contraception are cited as key factors contributing to Britain having the highest rate of teenage births in Western Europe (Social Exclusion Unit 1999).

Unintended teenage pregnancy and early parenthood are not the only consequences of unprotected sex for young people. Sexually transmitted infections (STIs) are on the increase. Although chlamydia is the commonest STI, and can lead to infertility if left untreated, less than a third of young people have heard of it. It is also important to note that there are often no symptoms with a chlamydia infection. Genital warts can also heighten a young woman's risk of developing cervical cancer. The rising incidence of HIV is another concern, with around half of new infections occurring in 15- to 24-year-olds (Evans *et al.* 2000). In 1999, for the first time, there were more diagnoses of new HIV infections through heterosexual sex than through sex between men.

Early sexual activity often also has emotional consequences with many young people regretting first sex (Wellings *et al.* 2001).

Recent guidance

Improving uptake of sexual health advice, support and services is one of the key aims of the Teenage Pregnancy Strategy and the more recent Sexual Health and HIV Strategy. The Teenage Pregnancy Strategy stresses the importance of reassuring young people about their entitlement to receive contraceptive advice in confidence within the established legal framework. This is seen as a key factor in helping to achieve the strategy's goal of reducing the conception rate in under 18s by 50 per cent by 2010 (SEU 1999).

Within its best practice guidance on the provision of teenage-friendly services (Teenage Pregnancy Unit 2000), the Government emphasises that services need to be accessible from schools and publicised within them. SRE guidance from the Department for Education and Employment (DfEE) encourages secondary schools to provide full information about contraception: 'Young people need access to, and precise information about confidential contraceptive information, advice and services.' Also, the needs of pupils who are gay, lesbian or bisexual must be considered: 'young people, whatever their developing sexuality, need to feel that sex and relationship education is relevant to them and sensitive to their needs…[and] that teachers should be able to deal honestly and sensitively with sexual orientation, answer appropriate questions and offer support' (DfEE 2000). Teachers and health professionals also need to think about the specific needs of boys and young men, and the gender stereotypes that can make them more reluctant to seek help.

According to a recent OFSTED report on SRE, 'most secondary schools provide pupils with some information on local support services such as those relating to sexual health and contraceptive advice.' It also pointed out that lessons on sex and relationships are not always the most comfortable or appropriate place for pupils to ask questions or seek advice. While acknowledging that schools do use a variety of means to provide individual support, it notes that provision is still often insufficient and that pupils' concerns about privacy, confidentiality and appropriateness can deter them from seeking advice (OFSTED 2002).

In its recommendations for action, the report urged local education authorities and primary care trusts to consider how more pupils in secondary schools can have better access to individual advice from specialist professionals. Part 2 of this booklet (pages 7–22) gives an overview of the different ways in which schools are working in partnership with services to achieve this.

NHSS support

The National Healthy School Standard (DfEE 1999) gives guidance on auditing current practice and working in partnership with health colleagues to improve the quality and effectiveness of SRE and pupils' support services. Relevant criteria from the Standard are:

- The school has a (SRE) policy which is owned and implemented by all members of the school including young people and parents/carers, which is delivered in partnership with local health and support services.
- Staff have an understanding of the role of schools in contributing to the reduction of unwanted teenage conceptions and the promotion of sexual health.
- Equalities issues inform the development and implementation of activities.
- Provision of internal pupil support services such as academic mentoring and counselling.
- Information is given on local support services for children and young people such as sexual health and drug agencies, smoking cessation services and referrals made, where appropriate.

Every school in the country has access to support from their local healthy schools programme, which can be contacted through their LEA or primary care trust. The Wired for Health website also provides information on local partnership contact details and a range of materials on the promotion of health and well-being (www.wiredforhealth.gov.uk).

Each top tier local authority area has its own local Teenage Pregnancy Strategy led by a teenage pregnancy coordinator and managed by a teenage pregnancy partnership board involving education and health partners and other relevant partners. The local teenage pregnancy (TP) coordinator will be working closely with the local healthy schools coordinator.

Part 2: **Examples of practical ways to forge links**

This part gives an overview of the different ways in which schools are working in partnership with sexual health services in order to improve young people's access. It describes many different approaches which aim to either increase young people's uptake of services in the community or to broaden what is offered on school premises. Which services are delivered, and how they are delivered, depends on many factors, but most importantly on what young people say they need and want, and on what the school and its wider community prioritises and targets.

Although the focus is on forging links between secondary schools and services, many of the examples given in this section are just as applicable to other educational settings such as colleges, pupil referral units, tuition centres and provision for young parents.

Improving information around the school

> ***'It would be easier for students to access sexual health services if there was information available during sex education classes at school.'***
> **(Young person, aged 15)**

As a minimum, secondary schools need to follow SRE guidance advising schools 'to provide pupils with precise details of local confidential advice services' (DfEE 2000). Information on sexual health and advisory services should include:

- details of where these services are;
- when they are open;
- how to book an appointment;
- what will happen during a visit;
- that they are confidential and free.

Information given on sexual health services should be accurate and up-to-date. All local Teenage Pregnancy Strategies have produced service publicity materials for young people, which are available through the TP coordinator.

Information on sexual health services needs to be available to pupils at all times. Useful strategies include:

- posters on notice boards and on the back of toilet doors;
- information in student welfare booklets;
- leaflets.

In one consultation, students were invited to share their ideas of how sexual health services should be 'advertised' in schools. This was their advice:

> ***'You can't rely on one method, you have to do it in different ways. In a very public place like the entrance on the main board you need a notice. Probably nobody will read it, but everybody then knows it's there so it sends a message out that giving this sort of message is alright. Then the information needs to be put in a less public place like noticeboards in classrooms. And then you need it in a private place so you can read it secretly. Those postcards or credit cards sent out to everybody are a good idea or you could once a year send every student a letter with all the information on local services and centres – don't forget helplines and websites!'***

Schools also need to help allay young people's concerns and misconceptions about the services that they are entitled to receive. Teachers can provide opportunities for pupils to discuss the barriers that exist to accessing services, as well as facilitating pupil feedback to staff in sexual health services as part of the citizenship curriculum.

Advertising dedicated telephone lines, Sweden and Southampton

Integrated sexual health clinics, called SESAM clinics, have been set up in four of Sweden's major hospitals. One approach boosting levels of access to SESAM is the introduction of a special telephone line reserved for young people. The service and telephone number are advertised via student newspapers and posters and during SRE provision. Details are also given out to all newly enrolled students at higher education colleges. The telephone is answered as 'Student Clinic' and staff are particularly careful to make callers feel at ease. Otherwise they are handled in exactly the same way as other patients with access to the same level of service as adults. SESAM says that this approach has led to a steady increase in the number of both male and female students accessing the clinic (Asp and Gustafsson 1999).

A similar approach, with a dedicated telephone line for young men, was established at No Limits in Southampton, a free and confidential information, advice and counselling service for 14- to 25-year-olds. No Limits staff were concerned that few young men were accessing sexual health advice and information, so they decided to target this group by advertising a dedicated telephone line. Again, callers to the dedicated telephone line were offered the same level of service as anyone calling the main number, and staff were friendly and welcoming. As a result, calls from young men increased significantly.

Video of a sexual health service, Oxford

The Alec Turnbull Clinic in Oxford has produced a video, that tells the story of a young woman's experience of using the service. Using the staff as actors, it shows what happens at reception and during a consultation with a doctor. It deals with contraception, including emergency contraception, as well as issues about confidentiality and access. The video can be used by teachers in SRE lessons as a trigger for discussion about pupils' knowledge and any anxieties they may have, as well as for promoting awareness of the clinic location and opening times.

Visits from health professionals as part of a planned SRE programme

Health professionals in classroom SRE sessions add value by:

- providing accurate up-to-date information on contraception, STIs, how to access services, appointment systems and what to expect on a visit;
- making local services visible to young people and making contact with specific groups who may be less likely to access their service, such as young men;
- dispelling myths, addressing misunderstandings, reducing fear of the unknown and reassuring young people about key issues such as confidentiality and physical examinations;
- providing a psychological bridge to the service by introducing a named person and a familiar face who the young people can ask to see at their first visit.

Visits should be jointly planned, delivered and evaluated by the teacher and the health professional, with both preparatory and follow-up work in the classroom. Lambeth, Southwark and Lewisham's *Agencies and Schools Working Together: A Quality Assurance Framework* (LSL 2003) has useful guidance on a collaborative approach to school-based PSHE and Citizenship including SRE. It covers sustainability, sensitive issues, and curriculum teaching, learning, monitoring and evaluation. Photocopiable pro formas are also used to facilitate joint planning and evaluation. Contact Clare Smith, claresmith@lslhsp.fsnet.co.uk.

Whether a visitor's session focuses specifically on access to services or on a broader SRE theme, informing young people about local services should always be a key objective. Where only one health professional is providing input, it is particularly important that they provide information on all services, helplines and sources of help. Every local teenage pregnancy coordinator is able to provide this information.

Wadebridge School and Brook Outreach, Cornwall

One of the biggest concerns that young people have about accessing services is the level of confidentiality they offer, particularly in rural areas. Cornwall Brook offers schools, colleges and youth centres a varied menu of sexual health sessions. All of these include the planned objectives to raise awareness of local services and reassure young people about their confidentiality policies.

Wadebridge School is committed to providing age-appropriate information to young people to help them make decisions with confidence and to encourage healthy, safer lifestyles. As part of its Upper School PSHE programme, the school uses Brook Outreach for a series of contraception and STI lessons in Years 10 and 11. SRE delivered in Years 7, 8 and 9 includes input from two local GP practices.

Star Project, Southampton

The Star Project is a Southampton Rape Crisis (SRC) Education & Outreach project. Its aims are to reduce the incidence of rape and sexual assault and to increase awareness of SRC for young people in need of support. Outreach workers contribute to SRE programmes in schools by facilitating sessions on sex, relationship and abuse-related issues. The sessions focus on unwanted sex and what makes a good/bad relationship rather than on rape. Both students and teachers feel that the Star Project adds value to the SRE programme.

> ***'I think it's good when the people come into schools and tell you about where they work. I can imagine it would be well scary ringing a helpline, but if you've met someone that works there, and they are alright, it would make it easier to ring them.'***
> **(Young woman, aged 16)**

> ***'The feedback from both staff and pupils has been very positive. Outside agencies bring "added-value" to this curriculum area. Our young people can learn first hand about how services deal with real situations.'***
> **(PSHE teacher)**

The Star Project has put a friendly face to a service. This is especially important for young people and the impact of their work is evidence of this:

- in the project's first year, calls by young people to the SRC helpline rose by 300 per cent and the number of young people receiving face-to-face counselling rose by 50 per cent;
- third party calls to the helpline have increased dramatically;
- SRC has developed its profile as young person friendly and flexible;
- there is an increase in referral rates from professionals;
- workers have succeeded in raising awareness of, and reducing stigma, about accessing the service.

Staff training

Health professionals play a vital role in raising awareness, training and supporting school staff. This can take place through informal discussions in the staff room, through team teaching and during more formal training such as staff INSET and governor training. Sexual health practitioners offer another perspective by being able to talk about the support needs that young people have in a one-to-one clinic setting. They can also provide information about sexual health trends and issues affecting young people locally, so that schools can build and develop their SRE in response to local needs. Working together enables effective partnerships to develop, resulting in shared strategies that will help equip young people with the knowledge, understanding and skills to be able to access services.

SHARE Project, Cumbria

The SHARE (Sexual Health And Relationships Education) network and training was set up in Cumbria as part of a continuing programme of professional development for teachers. The initial input, over three consecutive days, enables teaching staff to gain knowledge and develop skills, attitudes and values relevant to the teaching of SRE. A range of services take part including family planning, Genito-Urinary Medicine (GUM), lesbian, gay and bisexual services, and school nursing.

The impact of the multi-agency training means that:

- teachers develop a greater understanding of the sexual health support needs of their pupils and are more committed to ensuring that education about services forms part of the planned SRE curriculum;
- teachers find out first hand about available services, and discuss them with increased confidence in the classroom;
- teachers are more confident about the contribution that health professionals can make and can facilitate team teaching more effectively;
- young people are less apprehensive about attending clinics because they know more about what to expect.

Pupil visits to sexual health services

In Sweden, the country with the second lowest teenage birth rate in Western Europe, schools and community-based clinics jointly plan and manage visits to clinics as part of SRE. Local 'youth centres' have been set up across the country primarily to meet the sexual health needs of young people. All take a holistic view, recognising the central importance to a young person's life of their developing sexuality and interpersonal relationships. They also share a commitment to preventative work. 'The Centres consist on the one hand of individual consultation, examination and treatment and on the other hand a number of activities directed outwards, such as lectures and group discussions. Both aspects are of equal importance' (FSUM 1994).

Visits to youth centres usually follow one of three formats:

- a presentation giving an overview of the service and an opportunity for students to ask questions and discuss issues and concerns;
- a presentation and additional SRE activities, such as a condom workshop;
- a mock clinic, where the staff guide the students through a typical visit, often using role play.

FSUM's experiences suggests visits to clinics are successful when:

- there are no more than 15–20 students visiting at one time;
- boys and girls attend separately, as 'the types of questions they ask are very different and can be handled more freely and with greater ease within the safety of their own gender'. However, it is important that boys and girls have the opportunity for joint discussions during the overall SRE programme (Centerwall and Skolverket 2000).

One recent study, carried out by Kingston University and St George's Medical School, has identified the specific benefits of pupil visits to sexual health services. The study found that planned visits to services in Lambeth, Southwark and Lewisham are 'more effective than school based sex education alone in improving knowledge about service location and facilities, and also improved likelihood of service use.' (Nash 2002) This was particularly the case when combined with exercises to practise use of the telephone to access services.

Mock sexual health clinics, Lambeth, Southwark & Lewisham (LSL)

Mock sexual health clinics, based on the Swedish model of collaboration between teachers, school nurses and sexual health staff, have been provided as part of SRE in LSL since 1996. They were established following the evaluation of a successful pilot study in 1995. The pilot involved about 300 pupils in Years 10–12 from four schools. Teachers accompanied students on a visit to a local clinic where they discussed sexual health and service access issues. Family planning staff ran the sessions, and the visits were coordinated by the school nurse. Schools taking part had already undertaken a considerable amount of sex education work with a health service input, as it was recognised that the visits would have maximum impact when they built on existing well-developed programmes of SRE.

Three hundred pupils were asked to complete evaluation forms. Of the 50 per cent who returned them, all but 16 pupils found the session either 'useful' or 'very useful'. Pupils reported that they enjoyed being able to attend the clinic away from the school environment and to talk about sex in an open manner. They also found it useful to learn how the clinic operated, about levels of confidentiality, and the fact that the clinic was run separately from GP surgeries. Year 12 pupils, who were the group indicating least satisfaction, felt that the sessions were more appropriate to younger age groups.

By the end of the pilot year, there had been an overall increase of 29.5 per cent of under-16-year-olds registering at the community clinics as new clients (Jackson and Plant 1996, 1997).

Raising awareness of sexual health services through peer education, Camden & Islington

The Camden and Islington Sexual Health Education Team (SHET) recognised the value of school visits to sexual health services, but also that such services had limited capacity to accommodate the visits. The team came up with an innovative solution. Two students from each class of a year group now visit a sexual health service, see the facilities and ask the staff questions agreed in advance by the whole class. They then feed the information back to their class peers with support from one of the clinic staff (or a member of SHET).

The scheme has been well received by students, teachers and health professionals. Feedback from students indicates that they would be more likely to use sexual health services as a result of the scheme. Typical comments included:

> ***'I liked it when the kids we knew told us about their trip, we could learn more intimately about it. I felt comfortable about speaking.'***
>
> ***'I did like having health professionals working with me as I know what they are telling me is the truth. Also having them there persuades me to go to a health clinic if I need advice as I know what I say is confidential.'***

The value of this type of peer education approach has been highlighted by a recent study, which found that information about local services became more credible if it dealt realistically with students' concerns and was provided by young people with first-hand knowledge (Forrest *et al.* 2002).

SHET has produced clear step-by-step guidelines to help schools and clinics run the scheme successfully. Contact Steve Gray, Team Co-ordinator, SHET, steve.gray@camden.gov.uk

Mobile services

Mobile sexual health services have been established across the country. The case studies below have been chosen to illustrate the range of models. Some of the benefits of mobile services are:

- Staff can meet with young people in a range of settings including schools, parks, housing estates and youth centres, increasing access to support for those who are reluctant to attend mainstream services.
- Staff working as part of a mobile sexual health team, who also work within mainstream services, can build young people's trust in health professionals and act as a bridge to mainstream provision.
- Mobile provision increases cost-effectiveness and sustainability of local sexual health services when suitable venues are provided by partner agencies and organisations, such as schools.

- Schools with limited space do not have to provide the additional secure storage facilities required when setting up permanent on-site services.
- Young people can feel more confident about the service's confidentiality, as it is seen as something separate to the school with all records being stored at a different location.
- Rural young people's needs are better addressed. Many rural young people have to travel great distances; public transport can be limited and expensive.
- This approach can specifically target areas of higher social deprivation.
- Young men use mobile services in greater numbers than young women.
- Those who are in need of and are worried about attending mainstream services are often willing to access mobile services.

Clinic in a Box, North Staffordshire

'Clinic in a Box' is a health outreach scheme operating in young people's settings, such as youth centres, schools and colleges. Providing drop-in sessions for 11- to 21-year-olds, it is staffed by family planning trained school nurses and health visitors. The 'box' contains condoms, emergency contraception, pregnancy tests and sexual health information leaflets. The staff provide information and support on a much broader range of health issues and regularly refer young people to other specialist services. SRE sessions in schools are used to promote the service. Research carried out by Save the Children (Barna *et al.* 2002) found that the service is well-received by users:

> ***'Clinic in a Box is good because the staff don't make you feel awkward. You can ask them anything and they tell you the truth and you know what you say will not go any further.'***
>
> ***'Clinic in a Box comes to you.'***
>
> ***'I don't just come to get condoms and that – we talk about other health stuff that's really important.'***

4YP Sexual Health Advice Bus for young people

The bus shares the name and 'branding' of two young people's sexual health advisory clinics, helping students to recognise local teenage-friendly services

4YP is a sexual health advice bus for young people (aged 11–20) in Enfield and Haringey. Operating as a drop-in service, it is funded by the Teenage Pregnancy Local Implementation Fund. Advice and information is offered on all aspects of sex and relationships, from puberty and emotions to contraception, STIs and local sexual health services. The atmosphere is relaxed and informal, with young people setting the agenda for discussions. If they have a personal issue they want to discuss, young people can talk to a worker in confidence in a separate consultation room.

Since the project was launched in September 2001, it has been especially popular with boys and young men, who account for 60 per cent of its users. The project also targets other hard-to-reach groups, including young people leaving public care and youth offenders.

4YP also works in partnership with the two local young people's sexual health advisory clinics. The clinics share the name and 'branding' of the 4YP bus. Publicity materials have been developed that promote the 4YP bus and clinics together and these are widely distributed in schools and other youth venues.

Strong links have been developed with schools, which can request the 4YP bus to come in as part of their PSHE programme. This has been well-received. One young person explains:

> ***'You really wouldn't feel that comfortable talking to a teacher at school because you know them. As we don't know the people here and they don't know our names, it's easier to tell them.'***

4YP's work in schools is in partnership with the Sexual Health Education Project (SHEP), a multi-disciplinary team of educators trained to deliver SRE in schools and other youth settings. Having a team of people delivering sessions in schools allows for more extensive promotion of the 4YP bus and clinics.

Raf, the 4YP Youth Worker in discussion with young people on the bus

Multi-level partnerships

The term 'multi-level partnership' is used to describe examples where the health/school partnership is operating on a number of levels to maximise the potential of increasing access for young people to services.

Health professionals across the country have been involved in developing multi-level partnerships with their local schools. By becoming more involved in a variety of aspects of school life they are not only helping to raise the profile of sexual health services but are also increasing young people's awareness of sexual health as a crucial part of a person's physical and emotional well-being.

The Pop Inn, Northumberland

Staff at The Pop Inn offer a comprehensive package of support to young people in partnership with local schools (see below). The strong partnership between health and education has contributed to a significant drop in teenage pregnancy rates.

Playing pool in the waiting area at the Pop Inn

The Pop Inn Clinic

Due to concerns about the teenage pregnancy rates in her area, a school nurse in Alnwick decided to review service provision for young people. Consultation with young people in the local secondary school was a key part of the process. After discussions, anonymous questionnaires and focus groups with 13- to 16-year-olds, she found that many young people:

- felt unable to talk with parents about contraception;
- feared lack of confidentiality if they visited a GP;
- preferred a young person's clinic dealing with all young people's problems;
- didn't want the service to be located in school, health centre or GP surgery;
- preferred a drop-in service.

Based on these results, a drop-in service was set up in the local community centre close to the school. Responding to the requests from both boys and girls has seen a service develop that is used equally by both. Sessions are run at lunch times due to many young people having to rely on school buses because of the town's rural location. There is a teenage-friendly waiting area with table tennis, pool table, music machine and a snack bar. Staff include a family planning doctor and a local GP, a male health visitor, a

School nurse leading a boys' session at the Pop Inn

youth worker, a school nurse and a receptionist. A smoking cessation advisor and a drugs advisor complete the team. Ongoing evaluation has enabled the service to develop further in meeting the needs of the young people.

Pop Inn staff involvement in school-based SRE

The school nurse, male health visitor, midwives and a young men's sexual health worker all contribute to school-based SRE. Working in partnership with teachers, the programme is a balance of planned and young person led content.

Promoting parental involvement

Recognising that although many boys and girls wished they could talk to their parents more most felt unable to do so, the school nurse set up parents evenings to promote parental involvement in SRE. She discusses the school's programme, allows parents to view the materials used and then leads a discussion on talking to your child about sex.

Pop Inn support for peer theatre in education project

The school nurse from Pop Inn works with sixth form GNVQ students each year to produce a piece of theatre in education for Year 10 pupils. The Pop Inn male health visitor is also a member of the cast. The presentation takes the format of the 'Jenny Springer Show', focusing on issues such as chlamydia and the potential impact of unprotected sex. It is followed by a lively 'Any Questions' session. Both pupils and the GNVQ students have been very positive about the project.

Health services on the school site

Many schools work in partnership with local health staff to develop health services, which include sexual health provision within the school. This may be in places where uptake of services by young people is poor, or where local health services are difficult to provide, such as rural areas. The type of service developed is decided by the individual school governing body in consultation with pupils, parents and the school community. Even where such a service is provided, exploring barriers to accessing services is still an essential part of SRE. Pupils also need to be confident about using other services outside school term times.

By setting up such services in schools, health professionals are extending access rather than providing something new.

It is useful to remind ourselves that young people, including under 16s, are already legally entitled to free sexual health advice and support, as well as contraceptive services, from:

- NHS contraceptive/family planning clinics;
- Brook and other young people's advisory clinics;
- their own GP, although most GPs do not supply condoms;
- another GP by asking to register for contraceptive/family planning services only;
- NHS Walk In Centres;
- Young People's Information/'One Stop' Shops;
- GUM/STI clinics;
- some pharmacists providing free emergency contraception under NHS arrangements, using Patient Group Directions. Emergency contraception can also be bought direct from pharmacists. However the pharmacy licence limits paid for provision to young women aged 16 and over;
- some community outreach services;
- some youth centres, foster and learning care projects;
- Connexions projects and initiatives.

For further information, visit the TPU website at www.teenagepregnancyunit.gov.uk

Where sexual health services are part of a school-based service, contraception and sexual health advice and support are only offered by health professionals working under medical supervision. Health professionals providing contraceptive and sexual health advice to under-16s work within an established legal framework known as the Fraser Guidelines. This involves assessing the young person's competence to understand the choices they are making and encouraging them to talk to their parents. Health professionals are bound by their professional code of confidentiality. A young person's request for confidentiality is respected unless there are child protection issues.

Condoms and pregnancy testing are available from non-medical staff in some areas. It is important that everyone who distributes condoms is trained to teach young people to use them.

Sources of advice for setting up an in-school service

DfES guidance on developing an Extended School suggests that teenage health drop-in clinics are one option open to schools for improving the support available to pupils (DfES 2002).

In response to enquiries from local schools, the North West Government Office has recently developed a framework for the provision of sexual health services in school settings (North West Government Office 2003). The framework outlines three main stages: preparing the outline proposal, consulting with stakeholders, and developing the service

proposal. Step-by-step guidance is given on issues that need to be considered and activities to be carried out. The framework is available from www.teenagepregnancyunit.gov.uk

A pamphlet, *Getting it right for teenagers in your practice*, from the Royal College of General Practitioners (RCGP) and the Royal College of Nursing (RCN) provides a useful starting point for health professionals wanting to review the accessibility of primary care services (RCGP, RCN 2002). A booklet published by Save the Children draws on recent research into young people's sexual health services and gives young people's views on what works (Barna *et al.* 2002). Another useful resource, from the RCN with the National Youth Agency, gives practical guidance on joint working between school nurses and youth workers (RCN/NYA 2001).

School nurse support, East Kent

School nurses in East Kent have been providing young people's support services on school site for many years, including the provision of pregnancy tests, emergency contraception and condoms.

In 2002 they piloted a new approach in order to meet the needs of students more effectively as and when they arise. The school nurses had identified several barriers preventing young people from accessing drop-in clinics on school sites including concerns about being seen by peers, teachers entering the room, confidentiality of the service and opening times not matching times of need. The pilot involved setting up a mobile phone helpline staffed on a rota basis, Monday to Friday, 9am–5pm, by school nurses trained in family planning. The helpline was promoted to students from the six schools involved in the pilot, with whole school service level agreements negotiated and agreed before the scheme began. Students were able to text or talk to the school nurse on duty and if necessary arrange to meet her at a suitable location, either on or off the school site.

As a result of the pilot, school nurses have seen a significant increase in the number of young people accessing their support. Particularly noticeable is the increase in the number of boys and young men accessing support, a group which in the past did not tend to visit the school nurse drop-ins. Due to the success of the pilot, the service is now being rolled-out across the locality.

Young Person's Drop-in, Bracknell Forest

A drop-in was opened at one local secondary school in November 2001, in response to the high teenage pregnancy rates in the area and following detailed consultation with the health authority, the local authority, local school governors, parents and teachers.

It is based on the successful Bodyzone model, the confidential drop-in service which already operates in a number of Oxfordshire schools. The scheme is provided in the school every Tuesday lunch hour, staffed by a family planning trained practice nurse, a local GP, the school nurse and a youth worker. Young people are able to access information, advice and support on a range of health issues including sexual health, drugs, alcohol and bullying. Where appropriate, young people can also access contraceptive supplies (including emergency contraception), pregnancy testing and sexual health information from the GP or the family planning trained nurse.

Since it opened, the drop-in has proved popular with young people. Between November 2001 and July 2002, there have been 214 visits, of which 7 have resulted in girls receiving emergency contraception and/or pregnancy tests, 25 in girls receiving oral contraception (including those returning for further repeat supplies) and 75 in young people receiving condoms (girls and boys). All young people receiving contraceptive supplies also receive counselling and information regarding sexual health matters.

Initial evaluation has indicated that young people are positive about the drop-in, reporting that it is welcoming and comfortable. Many service-users are now encouraging their friends and peers to attend. This service is seen as an important part of the Teenage Pregnancy Strategy for Bracknell Forest Primary Care Trust.

Teenage Information Centre, Teenage Advice Centre (TIC TAC)

Students can access information in a variety of ways at TIC TAC

Dr Henry Slomka in discussion with students at Paignton Community College TIC TAC

The first TIC TAC service was set up in Callington, Cornwall in 1996. A local GP, concerned that young people were failing to access GP services, set up drop-in sessions in schools one day a week. The idea was picked up by a practice manager in Torbay, who approached the Paignton Community College about running a similar service. Following consultation with the whole school community and health professionals, Paignton Community College TIC TAC was set up on the school site in February 1998.

The service has now evolved to include a wider multi-disciplinary team including practice and school nurses, health visitors and other health workers. A youth worker coordinates the TIC TAC, using her youth work skills to engage with the pupils.

Paignton TIC TAC is open every lunchtime and provides information and support to pupils on a range of issues, including sexual health advice, access to contraception, emergency contraception and pregnancy testing. Staff are clear that it is not a sexual health clinic; rather, a holistic young person centred service, which responds to pupils needs as they arise. Young people are positive about the service:

> ***'You can go for all your problems.'*** **(Young man, aged 14)**
>
> ***'We used to be embarrassed but not anymore.'*** **(Young woman, aged 14)**
>
> ***'The staff are nice and friendly.'*** **(Young man, aged 13)**
>
> ***'It's better than going to the doctor – you don't need an appointment and the doctor is too far away.'*** **(Young woman, aged 14)**

The Principal and her staff are convinced of the value of TIC TAC in supporting the emotional and social development and academic achievement of pupils. The system also supports teachers in their provision of pupils' pastoral care.

The following suggestions are offered to other schools wanting to set up a similar service:

- remind people that raising attainment is a key outcome of providing a TIC TAC service;
- ensure that your service is young-person centred and focuses on providing holistic health care rather than just sexual health care;
- involve the media – it's better to be pro-active and involve the media from the beginning.

In May 1999, following a pupil needs assessment survey, Liskeard School and Community College in Cornwall opened its own TIC TAC service. Staff have worked hard to improve the links with the school:

- the school nurse, who is a member of the TIC TAC team, contributes regularly to the planned PSHE programme within the school;
- staff training raises awareness of the role and scope of TIC TAC, and includes an annual update for all staff. A visit to TIC TAC as part of the induction programme is provided for all new staff;
- year group visits, in separate gender groups, take place during tutor time, to learn about TIC TAC and what it has to offer.

Between June 2001 and May 2002, 3597 pupils visited Liskeard's TIC TAC, of which 641 were individual consultations. Roughly half of these were related to sexual health, including contraception.

The team continues to develop the service. Current concerns they wish to address through a coordinated approach to local sexual health services, are the need for sustainable funding and to ensure equitable access to information, advice and support for:

- pupils who are either excluded or not attending school for other reasons;
- pupils living locally who travel to other schools with no similar provision.

Sutton High School, Ellesmere Port

Sutton High School in Ellesmere Port identified their school's priorities through the Cheshire Healthy School consultation process and audit. During one-off health days held at the school, young people expressed a need for a more constant and cohesive service. As a result, the idea became part of the school development plan. The school now provides a service 'Advice 4U', which is staffed by school nurses and health visitors. Young people are able to get advice on topics ranging from sexual health and drugs information, to bullying and time management. Other workers are available to hold group sessions on topics such as sexuality, negotiated safety, drug information, and the NSPCC mentoring programme. The service is linked to Connexions and shares the same offices within the school. Support is provided by Ellesmere Port and Neston Primary Care Group, the School Nursing Service and the Health Improvement Service as well as being partly funded by teenage pregnancy monies.

Part 3: **Identifying the need and building a consensus on providing services**

Deciding how a school will help to improve access to sexual health services needs to be considered within the wider context of the school's local area. Consultation with young people, parents, governors, school staff and the wider community is a crucial part of this process.

A useful starting point is to set up a task group to audit current provision both within the school and within the local community. An important source of information will be local service audits already undertaken as part of the local teenage pregnancy strategy to identify service gaps. Both the Teenage Pregnancy Strategy and the National Healthy School Standard (NHSS) provide a useful framework for this work. If a school is already involved in its local healthy school scheme, the healthy schools task group can take on this role. Otherwise it presents a good opportunity to join the local healthy school scheme.

The task group is led by a member of the school's senior management team, and is made up of representatives from the whole school and wider community. It will usually include pupils, parents and carers, governors and the school nurse as well as a teacher and support staff member, mentor or Connexions advisor. For the purpose of this work it would also be helpful to ask an appropriate manager within the local primary care trust, the local teenage pregnancy coordinator and local healthy schools coordinator to join the group.

The following questions have helped colleagues to work together to reach consensus and develop an approach that is responsive to local need.

Step 1: Identify how the development of improved access to sexual health services fits in with other priorities

- How does it relate to LEA education development plans and academic improvement?
- How does it relate to local health priorities, for example the PCT local delivery plan, the teenage pregnancy action plan and developments to implement the sexual health and HIV strategy?
- How does it relate to local mental health priorities?
- How does it relate to school priorities? Should it form part of the school improvement plan?

- How does it fit with healthy schools work?
- How does it relate to the local inclusion agenda?
- How does it meet the needs of the school, student, parents, teachers and health workers?
- How does it relate to the local Children's Plan?

Step 2: Identify any existing school policies and practice that relate to the provision of SRE and sexual health support services

- How does the whole school ethos support a safe learning environment for SRE?
- What is the school's existing policy and programme of SRE? Does planning address the needs of all young people, regarding their sexuality, ethnicity, gender, disability and family background? Do learning outcomes include:
  - increasing knowledge and understanding of local sexual health services including confidentiality and young people's entitlement
  - supporting the development of partnership with health professionals
  - exploring values, attitudes and feelings that can create barriers to access
  - developing skills that increase access, such as identifying and locating appropriate sources of help, booking appointments, and communicating with peers, partners and health professionals about sex and relationships?
- Are visitors' contributions to the SRE programme jointly planned, delivered and evaluated by the teacher and the health professional, with both preparatory and follow-up work in the classroom? Does the school ensure that visitors address the issues of access to services?
- Which other school policies mention pupil access to support services? Do they need to be revised to include an explicit reference to sexual health services?

Step 3: Identify all sexual health services in the local community which provide a service for young people, including any school-based provision

- Is there a school nurse/health advisor available on site? What service do they currently provide?
- Do local mainstream sexual health services, such as primary care/GP, family planning and GUM clinics, have specific provision for young people?
- What youth and community service provision is there, for example drop-in centres?
- Are voluntary agencies providing a service locally?
- Are there services which target specific groups such as bisexual, lesbian and gay young people, young people from black and minority ethnic groups and teenage parents?
- How accessible are all identified services to young people? Consider such aspects as location and transport, anonymity, safety and opening times.
- Do young people currently access them?

Step 4: Facilitate pupil involvement

- Are pupils aware of the range of services available locally, both within and outside of school?
- How will the school consult with pupils on their views of current provision in order to identify gaps in provision and barriers to access? How can pupils be involved in ensuring the right questions are asked?
- How will pupils be involved in exploring options and agreeing an action plan to increase access to sexual health services through improved links with the school?

Step 5: Identify gaps in provision of services, barriers to access and models of practice aimed at addressing them

- What are the gaps in provision?
- What are the barriers for young people, both real and perceived, to accessing services?
- What models of practice aimed at increasing access already exist in other schools in similar situations? Has the task group considered the case studies in this booklet and other examples of practice in the local area? (TP and NHSS coordinators should be able to provide useful contacts in other schools in your area.)

Step 6: Building a consensus and agreeing the way forward

- What is the task group's view of the way forward?
- How will the task group inform and consult with the whole school community on its findings and proposals for development?
- Who will lead a proactive media strategy? Who could be involved? What training or preparation do they need?
- What will the short, medium and long term targets be?
- How will success be measured?
- Has an action plan been agreed which identifies activities, roles and responsibilities, professional development needs, timescales, funding, anticipated outcomes and monitoring and evaluation systems?
- What training, information and resources will teachers and school support staff need to ensure the success of this initiative?

So to summarise…

Research from both the UK and other countries has consistently told us that school-based sex and relationships education is most effective when linked with local sexual health services. It also demonstrates that services and SRE should be developed in the light of an assessment of the needs of the community it serves (HDA 2003). The OFSTED report on sex and relationships (OFSTED 2002) also highlights the significance of effective SRE which is supported by, and coordinated with, confidential sexual health advice in school or in the wider community.

The case studies in this booklet illustrate a range of ways in which schools are forging stronger links with sexual health services to reduce teenage pregnancy and improve the sexual health of young people. There is no single 'right approach'. Each school is unique in terms of its student population, location, buildings, facilities and health provision in the community. Each school community therefore has to consider a range of issues in deciding upon a 'best fit' model for its own situation. After mapping current provision the first step should always be to consult with the young people themselves, as well as parents and those working in the wider community such as health professionals and community workers.

Education and health partnerships across the country need to aim high and work together towards a situation where all young people feel confident that the range of support available, whether on the school site, or within the local community, adequately meets their needs. Only then will we be able to say that we have achieved equitable access to sexual health and other advice services for our young people.

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Useful contacts

Teenage pregnancy coordinators

Contact details of local Teenage pregnancy coordinators are available from the Teenage Pregnancy Unit on 020 7972 5098, e-mail: MB-TeenagePregnancyUnit@doh.gsi.gov.uk or through the website: www.teenagepregnancyunit.gov.uk

NHSS coordinators

Contact details of local NHSS coordinators are available from the Health Development Agency on 020 7061 3072, through the website www.wiredforhealth.gov.uk or by contacting your LEA/PCT.

National Children's Bureau (NCB)

NCB offers training for teachers and others working with and for children and young people, running courses which reflect current trends and new legislation. Courses are advertised on the NCB website (www.ncb.org.uk) and in various membership bulletins. 'Tailor-made' courses can be developed and delivered. NCB can also offer courses on PSHE and Citizenship including policy development. For further information or a discussion of your needs call 020 7843 1906 or e-mail training@ncb.org.uk

Sex Education Forum (SEF)

The SEF promotes good practice through a range of publications and factsheets, such as *Sense, Sex and Relationships*, an imaginative and interactive CD Rom that covers all aspects of sex and relationships. It has a section that focuses specifically on a 'virtual clinic' and accessing sexual health services. The CD Rom and other SEF resources are available from www.ncb.org.uk/sef. An information service is available Monday–Friday, 9.30am–5pm on 020 7843 6052 or e-mail sexedforum@ncb.org.uk

The following organisations are members of the Sex Education Forum.

Organisation	Web address
ACET	www.acetuk.org
APAUSE	www.ex.ac.uk/sshs/apause
Association for Health Education Co-ordinators (ASHEC)	Not available
AVERT	www.avert.org.uk
Barnardo's	www.barnardos.org.uk
Black Health Agency (BHA)	Blackhealthagency.org.uk (under construction)
British Humanist Association	www.humanism.org.uk
Brook Advisory Centres	www.brook.org.uk
Catholic Education Service	www.catholiceducation.org.uk
Centre for HIV and Sexual Health	www.sexualhealthsheffield.co.uk
Childline	www.childline.org.uk
The Children's Society	www.the-childrens-society.org.uk
Church of England Board of Education	www.natsoc.org.uk
Community Practitioners and Health Visitors Association (CPHVA)	www.msfcphva.org
Education for Choice	www.efc.org.uk
Families and Friends of Lesbians and Gays (FFLAG)	www.fflag.org.uk
Forward	
fpa	www.fpa.org.uk
Girlguiding UK	www.guides.org.uk
Image in Action	Not available
Jewish Marriage Council	www.jmc-uk.org
League of Jewish Women	Not available
Lesbian and Gay Christian Movement (LGCM)	www.lgcm.org.uk
Marriage Care	www.marriage.org.uk
Medical Foundation for AIDS and Sexual Health	www.medfash.org.uk
MENCAP	www.mencap.org.uk
The Methodist Church	www.methodist.org.uk
The Mother's Union	www.themothersunion.org.uk
National AIDS Trust (NAT)	www.nat.org.uk
National Association for Governors and Managers (NAGME)	www.nagme.org.uk
National Association for Pastoral Care in Education (NAPCE)	www.warwick.ac.uk/wie/napce
National Children's Bureau (NCB)	www.ncb.org.uk
National Council of Women of Great Britain	www.ncqgb.org.uk
National Health Education Group (NHEG)	www.nheg.org.uk

National Society for the Prevention of Cruelty to Children (NSPCC)	www.nspcc.org.uk
National Youth Agency	www.nya.org.uk
NAZ Project London	www.naz.org.uk
NCH	www.nch.org.uk
NSCOPSE	Not available
One Plus One	www.oneplusone.org.uk
Parenting Education and Support Forum	www.parenting-forum.org.uk
RELATE	www.relate.org.uk
Royal College of Nursing	www.rcn.org.uk
Save the Children Fund	www.savethechildren.org.uk
Society for Health Promotion Officers and Personal Relationships of People with a Disability	www.spod-uk.org.uk
Society of Health Advisors in STD (SHASTD)	www.shastd.org.uk
TACADE	www.tacade.com
Terrence Higgins Trust	www.tht.org.uk
Trust for the Study of Adolescence (TSA)	www.tsa.uk.com
Working With Men	www.workingwithmen.org
YWCA	www.ywca-gb.org.uk