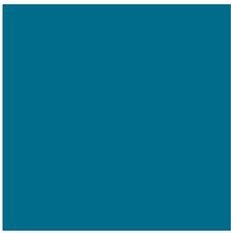


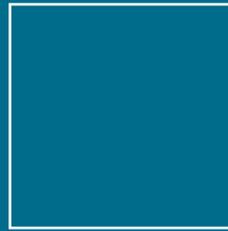
Improving Access to Sexual Health Services for Young People in Further Education Settings



Every Child Matters
Change For Children



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Ministerial Foreword



Increasing the number of young people who are engaged in post-16 learning – and thereby achieve higher level qualifications – is vital to the country's future productivity and competitiveness. The Further Education (FE) and Work-Based Learning (WBL) sectors provide opportunities for large numbers of young people to achieve the skills and qualifications they need to achieve success in adult life. But too many young people drop out of learning early – a significant number due to health and personal problems.

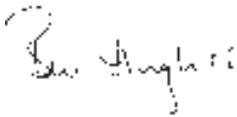
At the same time, we are increasingly concerned about young people's sexual health and well-being and recognise that new and innovative approaches are needed to raise young people's awareness of health risks and to help them access the advice and treatment they need to avoid negative health outcomes that impact on their future life chances.

This good practice guide looks at ways in which further education settings can better support young people to achieve healthy lifestyles and remove health-related barriers to their successful progression in learning and into work. It focuses primarily on the development of sexual health advice services in further education settings, but also looks at how such services can be linked to other health promotion work going on in further education settings.

Young people are the group least likely to access sexual health advice and treatment in traditional clinical settings. The Health White Paper: *Our Health, Our Care, Our Say* set out our intention to offer health services in a broader range of locations. This includes offering advice and treatment in places that can be accessed more conveniently by those at higher risk of poor health outcomes, such as young people. Offering services in schools, colleges and other youth settings is a cost-effective way of achieving this aim.

The case studies in this guide illustrate ways in which on-site services in further education settings can help PCTs achieve challenging targets in relation to reducing teenage pregnancies and diagnosis and treatment of STIs. But there are significant gains for FE and WBL providers too. Evidence shows that young people learn best when they are free from health concerns, and early advice and treatment can help young people avoid situations that cause them to drop-out of learning early, such as pregnancy.

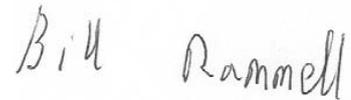
The publication of this guidance is timely. Reforms to the FE sector invite a fresh look at the pastoral support on offer for young people, and how every young person's health and well-being can best be supported. We encourage all PCTs and FE /WBL providers to consider the good practice contained in this guide, and to consider how they can work together to develop or expand the services being offered in their further education institutions, as part of a broader discussion about the contribution that post-16 learning providers can play in helping all children and young people to achieve the 5 Every Child Matters outcomes.



Beverley Hughes



Caroline Flint



Bill Rammell

Chapter 1: Introduction



Who is this guidance for?

1.1 This guidance is for senior managers, commissioners and practitioners working in further education settings, Primary Care Trusts, Children's Trusts, and the Voluntary Sector. The guidance will be of particular interest to:

FE Sector: Principals, Senior Managers, Student Services Managers, 14-16 Coordinators, Enrichment Managers, Senior Tutors, College Counsellors and Welfare Officers working in FE Colleges, Sixth Forms and Work-Based Learning providers.

PCT: Directors of Public Health, Sexual Health Commissioners, Chlamydia Screening Coordinators, College Nurses, Sexual Health Outreach Workers.

Local Authority: Directors of Children's Services, Children's Trust Commissioners, Teenage Pregnancy Coordinators, 14-19 Coordinator and members of the 14-19 consortia and networks, Connexions Managers and Personal Advisors, Youth Service Managers and Youth Workers.

Learning and Skills Council: Partnership Directors and Managers, Regional Directors of Young People's Learning.

Voluntary Sector: Agencies providing services for young people.

Purpose of guidance

1.2 This guidance provides quick and ready access to information that will help further education settings establish on-site sexual health services designed to give young people the advice and support they need to achieve healthy lifestyles and avoid health outcomes that impact negatively on their learning. It builds on recent health and education reforms which require local agencies to plan and act together to support the health and well-being of young people. The guidance:

- **briefly looks at the sexual health issues young people have to deal with today and the impact this can have on their learning**
- **explains why it is important for young people that sexual health is addressed in further education settings**
- **outlines the benefits for further education providers, PCTs and local agencies of working in partnership to provide on-site services**
- **provides practical advice about how to set up a sexual health service in a further education setting and summarises good practice in this area**
- **provides responses to frequently asked questions**

A wide range of **case studies** are used throughout to illustrate how some further education providers have already developed education programmes and on-site sexual health services to fit with local needs, structures and funding opportunities.

Chapter 2: Young People's Sexual Health



Summary

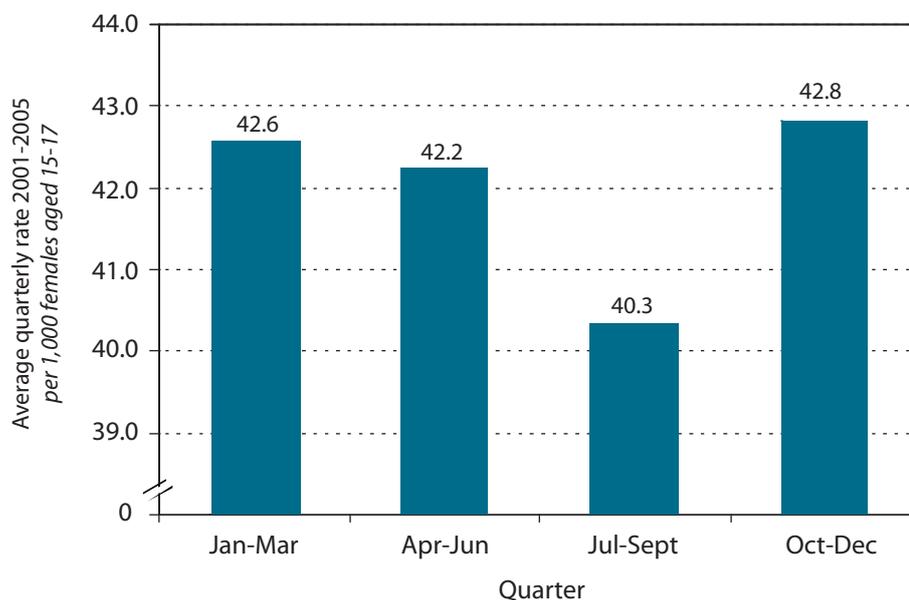
This section describes the sexual health issues facing young people today and illustrates why it is important to offer advice and support which can help free young people from health concerns which affect their ability to learn effectively.

Transition

- 2.1 The teenage years are a turbulent time for many young people. Transition from school to college or work-based learning marks a time in a young person's life when significant relationships may be made, challenged and broken.
- 2.2 Teenage conception rates vary significantly by season with the rate peaking each year in the September – December quarter. This is the same time of year that young people are trying to cope with transition from school to further education. This transition is a time when young people are at higher risk of unintended pregnancy. Further education providers have a very important role to play in supporting young people with access to information, advice and services that can support them at this time of transition and change.

Seasonal variations in under-18 conception rates

Average under-18 conception rate for each quarter, England 2001-2005



Sources: National Statistics and Teenage Pregnancy Unit, DfES (2006)

Sexual Activity

2.3 Most young people become sexually active between the ages of 16 and 19. Less than a third of young people report first heterosexual intercourse at younger than 16 years (1. Wellings et al, 2001).

2.4 Overall, reported use of condoms at first sex has increased significantly in recent years. But in 2000, 7% of males and 10% of females aged 16-19 reported using no form of contraception at first intercourse. (1. Wellings et al, 2001) Sexual activity among teenagers is often opportunistic, unplanned and affected by alcohol and drug-taking.

2.5 Some teenagers experience early, unwanted, sexual contact. Childline record the highest number of calls from young men and women aged 16 and sexual abuse is the fourth most common reason given for calling (2. Childline). Young people with learning difficulties are particularly vulnerable to sexual abuse.

Teenage Pregnancy

2.6 80 per cent of under-18 teenage conceptions are to 16 and 17 year old young women. Nearly half of these conceptions end in abortion, suggesting that they were not intended.

- 2.7 Education has the biggest single impact on teenage conception rates. Young people who leave school later, with qualifications, are less likely to have early intercourse. They are also more likely to use contraception at first sex, and (for women) less likely to become pregnant if they have sex (1. Wellings et al, 2001).
- 2.8 Outcomes for teenage parents and their children are generally poor. Teenage mothers are less likely to finish their education, and more likely to bring up their child alone and in poverty. The infant mortality rate for babies born to teenage mothers is 60 per cent higher than for babies born to older mothers. (3. DfES: Teenage Pregnancy Next Steps, 2006).
- 2.9 The high rates of teenage pregnancy in the UK prompted the launch of the Government's Teenage Pregnancy Strategy in 1999, with the aim of halving teenage conceptions by 2010. Steady progress has been made, with an 11.8% fall in the under-18 conception rate and a 12.1% fall in the under-16 rate since the 1998 base-line.

Sexually Transmitted Infections (STIs)

- 2.10 STIs are more common among young people than any other group. Two-thirds of cases of Chlamydia are among young men and women aged 16-24 years (4. HPA Annual Report 2006). Yet young people are the group least likely to access services.
- 2.11 The National Chlamydia Screening Programme targets young men and women under 25 years old, offering free testing, treatment and advice. This programme is due to be available in all PCTs by April 2007. In the period 2005-6, 1 in every 10 of the young people screened were positive, with infection rates peaking at 16-19 years in women and 20-24 years in men. (5. New Frontiers, NCSP)

Gender and sexuality

- 2.12 There are striking differences between young men and young women in their use of sexual health services. 82% of the participants in the National Chlamydia Screening Programme in 2005/6 were young women. Young men are also less likely than young women to access community contraception services or their GP. Childline's call records show that young men tend to access services at crisis point.
- 2.13 Young men influence their partners' choice and use of contraception, yet their knowledge levels are poor. They are less likely than young women to know of a local clinic or that contraception is free. (3. Teenage Pregnancy Next Steps)

2.14 Sexuality is a subject that often gets left out of sex education. Lesbian, gay, bisexual and transgender (LGBT) young people say they feel excluded from both sex education and services when the focus is on conception and contraception. LGBT young people would like their needs to be acknowledged by service providers. (6. Youth Matters, Next Steps) In addition, homophobic bullying is an experience that causes some young people to disengage from education.

Knowledge about sexual health

2.15 Many 16-19 year olds lack adequate sexual health knowledge. Young people taking part in a 'teenage sexual health project' as part of their Key Skills in Communication reflected on their own learning and spoke about the need for their peers to know more about sexual health.

"I didn't know that Chlamydia could stay inside you for a year before signs show its effects. I thought if I had Chlamydia then I wouldn't have known until like – next year – and then it's like – it'll be too late. I was really shocked – and surprised – I was actually angry that I didn't know this before."

College student, aged 17

2.16 Young people want to know how their bodies work, and the risks associated with unprotected sex. They see information as a route to taking responsibility for their health by helping them to make choices. Health professionals tell of their shock and sadness when the young people they work with lack the most basic level of understanding of how their body works. During consultations nurses and health advisors often spend time correcting myths about how you can and can't get pregnant.

Chapter 3: The Rationale for Delivering Sexual Health Advice in Further Education Settings



Summary

This section sets out the rationale for establishing sexual health services in further education settings and identifies the benefits for further education settings, PCTs, other local agencies and for young people themselves.

Captive audience

3.1 Young people are a key target group for health services, particularly in relation to sexual health. Most young people continue from school to further education. Just over three-quarters of 16 to 18 year-olds in England were in education or training in 2006. Post-16 participation is now at record levels and figures are set to increase with government targets set at 90% of 17 year olds to be in education or training by 2015.

There are 390 FE colleges in England including:

- 201 general FE Colleges
- 100 Sixth Form Colleges
- 50 Tertiary colleges
- Specialist colleges

In addition, the FE system includes:

- Around 1,000 independent providers delivering work-based learning
- Nearly 1,800 state schools with sixth forms

- 3.2 Some further education providers are already offering sexual health services on-site, and feedback from young people, parents and governors has been very positive. At a basic level this includes referral and signposting to off-site services. At a more advanced level this includes on-site drop-in clinics providing contraception and testing services. Providing access to sexual health services in further education settings is increasingly seen as an important preventative and cost effective approach.
- 3.3 Nationally, Chlamydia screening programmes have struggled to attract large numbers of men to test, but bringing testing to 'non-clinical' settings has proved very popular with young men. Chlamydia screening programmes which have run testing events in further education settings have had at least 50% male participants.

Case Study: Chlamydia Testing at Middlesbrough College

The Chlamydia Screening Programme for Co. Durham, Darlington, Tees Valley and Hambleton & Richmondshire has established working links with 20 local colleges. Screening Programme staff attend Freshers' Fairs in September. Each college is then offered two 'pee-in-a-pot' testing events per year.

At Middlesbrough College the testing event was held in October on two of the four campuses. Information about the event was sent out to students by the welfare officer using e-mail. 97 tests were taken from students at the Kirby Campus and 78 at the Marton Campus. These one-day events involved 3 visiting staff from the screening programme.

Overall approximately half of the students who tested were young men with 86% of tests being from males at the Marton Campus. The average rate of positivity was 8.5%. Dates were booked for two weeks later so that the screening staff could come back and provide treatment. Test results are sent out by text message, e-mail, letter or phone depending on the preference of the young person. Postal screening kits were made available from the student welfare officer following the event to maintain a level of service for the students.

Ruth Robson, who helps run the college outreach sessions explains: *"There is no need to build barriers around Chlamydia testing. Not all young people in college have had sex, but if you have you need to have a test. Testing is so straightforward, it just involves a urine sample."*

Case Study: Chlamydia Testing at Middlesbrough College – *continued*

During the event, a sexual health advisor answers young people's questions about Chlamydia, how you get it, test for it and treat it. Young people are often concerned about the risk of infertility if Chlamydia is untreated, and how they will tell a partner if they find out they are positive.

Ruth encourages other colleges to work in partnership with Chlamydia screening programmes. The costs of Chlamydia testing are covered by the screening programme.

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Improved retention and attainment

- 3.4 The cost of young people dropping out of courses early is high financially for further education providers. The cost is perhaps even higher for the young person, in terms of their future life-chances. Lower levels of educational attainment are very strongly linked to a higher chance of teenage pregnancy. Work-based learning providers enrolling young people with low GCSE scores report high numbers of young women leaving courses early due to pregnancy. In one study, 10% of women gave pregnancy as their reason for dropping out of Modern Apprenticeships (7. DfEE, 2000). Easier access to sexual health services in further education settings can be an important means of helping young people avoid unintended conceptions. This includes helping young parents avoid unintended second pregnancies.
- 3.5 Retention and attainment are critical measures used to calculate a college's funding, so there is a strong rationale for further education settings to promote the sexual health of their learners.

Case Study: Improved retention at York Further Education College

The decision to expand student services at York College was driven by a need to improve retention. The Deputy Principal Graeme Murdoch explains:

“Our retention rates during the last 3 years have gone up across all age-groups and across all academic levels by an average of 6 % – that’s a big jump with 3,000 full time students. When young women leave courses early due to unplanned pregnancy this is very costly for us and affects their future.”

Central Learner Services Manager, Paul Guilfoyle adds: *“We needed to be realistic – and took the point of view that many 16-18s are sexually active – but how much they know is a different matter.”*

A model has emerged at the college with educational tutorial sessions led by experts being mirrored by on-site services providing confidential one-to-one advice, as Paul describes:

“Sexual health, mental health, relationships, homelessness, drugs and alcohol are issues affecting our learners. We are conscious that these issues impact on retention and achievement. We process referrals between a range of specialised professionals. After attending a tutorial session about sexual health a young person may want to seek help. They can go and see a nurse at the lunch-time drop-in.”

The College funds:

- Health Promotion Specialist, Helen Danks, 10 hours per week to provide sexual health tutorials. Responding to the needs of each tutorial group Helen raises awareness about sexual health and the confidential nature of services.

The PCT funds:

- A nurse led drop-in during lunch times three times per week. Young people access advice, condoms, pregnancy tests, emergency contraception and chlamydia testing. Condoms are also available through a ‘c-card’ scheme Monday – Friday from the Students Union staff.

Case Study: Improved retention at York Further Education College – *continued*

Good links are also fostered with the school nurses. School nurse, Jackie Courrigan, says:

“We are quite lucky in York – 7 out of 9 secondary schools have sexual health drop-in services on-site. The school nurses that work in the college all run school-based sexual health services – so there are no surprises for them. Their non-judgmental attitude has made a huge difference for the young people.” Before they leave secondary school Jackie tells Year 11 about the services they can expect to find if they continue to York College.

York FE College won a national students services award in 2003. Their sexual health services are advertised on the web-site, prospectus and in the local paper. Inspired and reassured by example, three local colleges are now working with York College to develop their own sexual health services.

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Improved outcomes through effective partnerships

3.6 A recent review of the teenage pregnancy strategy found that local authorities which were successful in reducing teenage conception rates have strong partnerships between health, education and other young people’s services. They found that effective partnerships supported young people friendly sexual health services and good quality SRE. Many useful structures are now in place to facilitate and support partnerships between young people’s services, including:

- Children’s Trusts
- Children and Young People’s Plans
- Single Inspection Framework of Children’s Services
- 14-19 Partnership and consortia
- Joint commissioning of Information, Advice and Guidance Services for young people

3.7 Effective partnerships between health services and further education settings also help all key stakeholders achieve better outcomes for young people. The Every Child Matters (ECM) outcomes framework applies to children and young people up to the age of 19 and colleges are now being inspected against it (8. Ofsted 2006). The table below identifies the ECM outcomes which providing on-site sexual health advice, information and services contributes to:

Being healthy	<ul style="list-style-type: none">• Physically healthy• Mentally and emotionally healthy• Sexually healthy
Staying Safe	<ul style="list-style-type: none">• Safe from maltreatment, violence, neglect and sexual exploitation• Safe from bullying and discrimination
Enjoying and Achieving	<ul style="list-style-type: none">• Achieve personal and social development and enjoy recreation
Making a positive contribution	<ul style="list-style-type: none">• Develop self-confidence and successfully deal with significant life changes and challenges• Develop positive relationships and choose not to bully and discriminate
Achieving economic well-being	<ul style="list-style-type: none">• Engage in further education, training or employment on leaving school

Addressing Inequality

3.8 Further education settings are valuable partners in tackling health inequality (9. Escombe, 2002). Young people are the group least likely to access contraception and sexual health services and adult services can be intimidating and difficult for young people to access. So providing sexual health services in an environment which fits in well with young people's lives and is young person-centred, such as a college, helps tackle this inequality. The Department of Health's 'You're Welcome Quality Criteria provide a useful set of principles to help commissioners and providers develop and maintain health services which are accessible to all young people (see 3.18).

3.9 Some groups of young people who are in further education face additional barriers in accessing services, including:

- Asylum-seekers and refugees who are un-accompanied minors
- Young people from black and minority ethnic communities
- Young people with any form of disability and/or sensory impairment

3.10 PCTs and local authorities need to promote easier access to services for these groups. The support and communication structures in educational settings can be used to ensure that all young people know where to find sexual health services, and what to expect of them. Section 3 provides practical examples of addressing inequality.

Flexibility and access

3.11 Policy reforms in health make a strong argument for more flexible services for young people and locating sexual health services in further education settings provides this flexibility. It means that young people can access services at times and places that fit with their daily activities, and in an environment that is young-people centred. Young people in rural areas travel long distances to college – at least 50 miles in some cases – so services provided on-site may be their only option.

3.12 Practice based commissioning enables GPs and other front line clinicians to redesign services so that they better meet the needs of their patients. In some cases GPs are already holding weekly clinics in colleges, thus better meeting the needs of young people. Providing mobile services in colleges is a strategic move for community contraceptive and sexual health clinics. Rather than developing new services it means making existing services better suit users' needs.

Private and confidential

3.13 Young people give confidentiality top priority when deciding whether or not to use a service. They also worry about who might see them when they go into the clinic.

"I've got a clinic – round the corner from my house but because it's right next to my doctors I don't wanna go there. I'm not gonna go there and see someone who my mum knows and then my business be spread around. So I have to go to other places – other clinics and then when I go there and I can't see no-one, because of the times, it annoys me because I need someone to help me."

College student, aged 18

3.14 Being able to access confidential sexual health services during the day; at lunch-time or during free periods, makes it easy for young people to use services discreetly.

Developing skills

3.15 Further education and work-based learning providers are well placed to build young people's confidence in accessing health services both on and off site. Tutors, learning mentors, Connexions PAs, and youth workers can help by de-mystifying what happens in clinics and contraception services. This can overcome the barriers of fear and stigma that young people experience:

"The clinics need to be more open, they need to be more publicised. I was scared – I thought this is a place that people go to when they have sex and they do something wrong – we need to make clinics good places to go."

College student, aged 17

Chapter 4: How to set up a service



Summary

This section provides practical information about how to set up a sexual health service in a further education setting, and how to develop links to wider health promotion activities and sex and relationship education provided through the curriculum. It includes case-studies showing a range of models of sexual health services in further education settings and summarises good practice in this area.

What does an FE based sexual health service look like?

- 4.1 Broadly defined, sexual health services promote positive sexual health through information, advice and treatment. Sexual health services can be found within general health services and also exist as stand-alone services.

4.2 A sexual health service can involve any or all of the following:

Advice & Counselling	Contraception	Pregnancy	STIs
<p>Confidential advice – provided by a nurse, health advisor, Connexions PA, youth worker, learning mentor, or tutor.</p>	<p>Condoms and lubricant – distributed through a condom-card scheme or vending machines.</p>	<p>Pregnancy testing – provided by nurses and trained staff including student support staff and youth workers, with appropriate follow up through referral to agencies providing contraception, counselling and termination services.</p>	<p>Chlamydia testing – available at ‘pee in the pot’ event days or opportunistically through postal pack scheme.</p>
<p>Counselling – from a qualified counsellor, providing opportunity to talk about issues as diverse as partner and family relationships, abuse, bullying, sexuality and pregnancy.</p>	<p>Emergency hormonal contraception – prescribed on-site by a nurse or doctor up to 72 hours after unprotected sex.</p>		<p>Full STI testing – provided by visiting professionals from GUM clinic. Some PCTs combine Chlamydia with gonorrhoea testing in colleges.</p>
	<p>Contraception – contraception pills prescribed by nurse or doctor.</p>		<p>Referral to GUM clinic – assistance with making an appointment and demystifying what is involved.</p>
<p>Signposting – detailed information about on and off-site sexual health services including opening times and location of local pharmacies providing emergency hormonal contraception. Information provided through tutorial, student iaries, intranet, posters, leaflets and bulletins.</p>			
<p>Referral – efficient referral mechanisms established by developing links with local services, for example, arrangements with a local GP practice, or community contraceptive clinic.</p>			

4.3 Some further education settings are already offering sexual health advice and services on site. Each learning provider has shaped their own service by listening to the needs of young people and working through local relationships and structures.

Case Study: Three-tier referral system at Bridgwater college

Three levels of service are offered at Bridgwater college; thus maximising available resources. The college employs a full time health advisor, Fiona, who runs a drop-in service for students covering all aspects of health. In practice, 50% of queries relate to sexual health. Students often attend the drop-in following one of Fiona's tutorial sessions about sexual health.

A practice nurse from a local surgery attends the college one day a week. She can prescribe emergency contraception and the contraceptive pill. She also runs a service called 'need a doc?', organising same day appointments with a Doctor at the local surgery. Importantly, it doesn't matter if the young person is registered at the practice or not. The Doctor is able to provide long-acting methods of contraception including injections and implants.

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- 4.4 Young people attending college often travel long distances from rural areas, and are drawn from addresses in a number of different PCT areas. College may be the only opportunity to access confidential sexual health services. Where colleges have students from more than one locality, PCTs and local authorities need to develop a service level agreement to meet the needs of all the young people attending the college. (10. section 5 NSF4)
- 4.5 No matter what combination of services a college chooses to deliver it is likely that several professionals will be involved; some who are employed by the college and others who have an outreach role for the local PCT, Local authority or voluntary sector organisation. The advantage of multi-agency working is the extended range of resources and expertise that can be pooled together.

What is Sex and Relationships Education in further education settings?

- 4.6 The extent of teaching about sex and relationships varies greatly in secondary education, so it is not possible to assume the level of knowledge amongst young people enrolling in college. When young people start in college, they may well become involved in new relationships. This point of transition is an important time to be able to access information about sexual health and to have a chance to discuss issues about relationships.

- 4.7 Sex and Relationships Education (SRE) complements the provision of on-site services. It provides young people with the information to work out if they need to access a service. Further education settings providing education sessions have found that the take-up of sexual health services has increased as a result.
- 4.8 There are a number of different ways of delivering SRE in further education settings, for example:
- Making information available for young people through posters, leaflets, stalls at Freshers' Fairs, intranet, screensavers, student diaries and awareness events such as World AIDS Day
 - Delivering sexual health topics through key skills and in the context of relevant curriculum subjects
 - Tutorials delivered by tutors, sexual health outreach workers, college nurses or student support staff
 - Tutorials, discussion forums and health groups led by young people as part of a peer education programme
 - Mock visits to a local clinic to get the information and confidence needed to access services in the community
 - Development of personal and relationship skills through active citizenship and enrichment activities
- 4.9 Embedding sexual health themes in the curriculum can be a very efficient use of resources. Some subjects, such as health & social care, media, design and drama provide a natural context for young people to research sexual health and to generate a platform for learning and discussion. 'Communication' is one of the 'core key skills' taught in further education. South Thames College has designed a Communication Level 2 assignment called 'teenage sexual health'.

Case Study: Embedding sexual health in the curriculum at South Thames College

The idea for a 'teenage sexual health' project emerged organically. Tutor Nicola Kench explains that a young woman in her tutor group was talking about the slang words used for women; words like 'slag', 'bitch' and 'ho'. Responding to the groups' eagerness to talk further about gender, sex and relationships, Nicola designed a Key Skills Level 2 assignment in Communications called 'teenage sexual health'.

The assignment required that learners 'investigate an STI, and examine the social and emotional consequences of different attitudes to sexuality'. A variety of activities ensured that communication skills were developed through:

- Researching
- Summarising
- Writing original documents
- Participating in group discussion
- Presenting a short talk

The project was so popular with the group that Nicola piloted it with a further 3 groups. Nicola explains that young people often fail to see the point of Key Skills, but the topic of teenage sexual health was something relevant and engaging, it generated a sense of synergy between the topic, participants and purpose. Young people evaluated the project very highly:

"It opens our eyes – especially at our age. You would think that the majority of us would know about sexual health and STIs, but if you take the time to go into it – you actually know that we don't know about these things – most of us didn't have no sex education in school – I didn't – I didn't even find out about periods. It was kind of scary to know that these things happen."

Female project participant, aged 18

Pastoral Support and Enrichment Manager Andrew Beardall cites the contextualization of sexual health within the curriculum as a key to success. Graphic design students were commissioned by the local PCT to design social marketing materials that would promote sexual health. Young people sat on the judging panel, and the winning poster design was of such quality that it has been used across Wandsworth PCT and beyond.

Case Study: Embedding sexual health in the curriculum at South Thames College – *continued*

The ethos of young people’s active participation is evident in several locations in the college. Youth worker Labake Fadayomi is employed full-time by the college to help engage young people, which may include those at risk of skipping classes or dropping out of college for personal reasons. Labake distributes condoms from her office. Some brands of condoms are more popular than others, so Labake buys in condoms in response to young people’s requests. In the words of a student: *“If you have any problem – just go to Labake and she will listen to you.”*

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Who to involve

4.10 Successful on-site sexual health services bring together a range of partners. Reviews of statistically similar areas with contrasting rates of progress in reducing teenage conception rates identified active engagement of all the key mainstream delivery partners (Health, Education, Social Services and Youth Support Services) as a key factor in areas most successful in reducing rates. (11. Accelerating the Strategy, 2006, DfES)

4.11 The table below identifies key people to involve in setting up a sexual health service in a further education setting.

PCT & Local Authority

- Teenage Pregnancy Co-ordinator
- Chlamydia Screening Co-ordinator – roll-out of programme now covers majority of trusts
- Extended Schools Co-ordinator & Healthy Schools Co-ordinator while focusing on schools may be able to share good practice
- Connexions PA linked to your college, or there may be a specialist PA in the local Connexions partnership

- Youth service – they may have a specialist sexual health youth worker
- Voluntary sector organisations providing sexual health services for example Brook and the Terrence Higgins Trust
- 14-19 Coordinator and members of the 14-19 consortia and networks

Further Education

- Young people attending the college
- Students Union and Student Council
- Health and welfare professionals working in college (each college is different, but increasingly colleges are employing counsellors, welfare officers and learning mentors)
- Senior management team
- Tutors and senior tutor
- Student Services Manager
- 14-16 Manager
- Parents and governors

Community

- Local media – pro-active involvement of local media including newspaper and radio
 - Other schools and colleges already providing services in your area
-

4.12 For colleges new to providing sexual health services on site, the case-study below provides a useful 5-step guide to getting started.

Case Study: Getting Started! Long Road Sixth Form College in Cambridgeshire

Sixth Form Colleges differ from FE Colleges in their ethos and organisation. Assistant Principal Heather Chambers explains that Long Road Sixth Form College is typical in promoting itself as an establishment that works in partnership with parents and students to provide a supportive educational environment for young people.

Case Study: Getting Started! Long Road Sixth Form College in Cambridgeshire – *continued*

The college wanted to develop their student services and held talks with Cambridgeshire Connexions who were enthusiastic about collaborating. A drop-in health service for young people attending the college was launched on February 14th 2007. Specialist Connexions advisors are on hand to give advice about a range of health issues including contraception, drugs and mental health. Valentine's Day was deliberately picked for the launch because it promotes the service positively and coincided with the launch of a local condom-card scheme called 'Healthy Respect'. Once a young person is registered with a condom-card they will be able to access condoms in young people's settings around the city.

As Assistant Principal, Heather Chambers has provided leadership with assistance from the college Careers Advisor. She describes the stages in getting a sexual health service off the ground in five clear steps.

Step 1: Getting informed

- Researching local teenage pregnancy statistics and discussions with Connexions demonstrated young people's needs for increased access to services.
- Talking to feeder schools revealed that a number of secondary schools are providing sexual health services as part of the school nursing service.
- A question posed to the e-mail network run by the National Association of Managers of Student Services (NAMSS) confirmed that many FE and Sixth Form Colleges are delivering sexual health services and that parents have proved supportive.

Step 2: Reporting to governors

- Compiling a report for the governors detailing the advice received from colleagues in feeder schools, NAMSS network and local agencies.
- Presentation of the report to the governors by the Assistant Principal.

Step 3: Buy-in from senior management

- Response from governors shared with a group of senior managers.
- Decision taken by senior management group about how to proceed.

Case Study: Getting Started! Long Road Sixth Form College in Cambridgeshire – *continued*

Step 4: Consulting with parents and learners

- E-mail sent to the parents network outlining plans for on-site health services including advice on contraception.
- Feedback invited via the e-mail network. An article in the college newsletter describing the services to be offered and the rationale for their provision.
- Discussions with the Student Union to check that the decision meet the needs of students

Step 5: Launching the service

- Information sent out via tutors to inform learners of services
- High profile given to health themes in February

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Building consensus and support

4.13 Professionals who have been involved in setting up sexual health services in further education settings report that where services have been successful there has been commitment from senior managers and a professional who has taken a coordination or 'championing' role. Ways of building support and commitment from a broad group of stakeholders include:

- Use existing structures within college e.g. Students Union and Student Services
- Tap into structures in the PCT e.g. Teenage Pregnancy Steering group
- Integrate plans for sexual health services in colleges into local Children and Young People's plans
- Bring together stakeholders from inside and outside the college and identify areas of joint interest
- Develop a new steering or consultation group if necessary. This could have a short-term remit, for example to develop a confidentiality policy.

Ensuring inequalities are addressed

4.14 Further education colleges are the main provider of post-16 learning for young people with learning difficulties and disabilities (12. Foster 2005). Young people with disabilities tell us that they want to be able to take part in the same range of activities and opportunities as any other young person. (6. Youth Matters Next Steps). But recognition of their sexual health needs may previously have been overlooked. Targeted work with young people facing additional barriers to accessing services helps to address inequalities.

Case Study: Mock visits to local clinics in Camden & Islington

Some young people face particular barriers to accessing local services. Steve Gray at the Camden & Islington Sexual Health Education Team (SHET) coordinates 'mock visits' to local services for groups of college students.

Following an introductory session at the college, small groups of young people are given a guided tour of a local sexual health clinic. Groups are single sex or mixed depending on what the young people prefer. Young people with learning difficulties and ESOL students (English for Speakers of Other Languages) from two London colleges have been involved.

"What I liked about the visit was the things used for not making the woman pregnant." female ESOL student, aged 17, from a London FE College.

It is hard to be accurate about the uptake of services resulting from this initiative, but monitoring indicates that 8-10 people a month attend a local clinic following SHET sessions in nearby colleges. One local GP was clearly impressed:

"I saw a young Somali woman who had recently had the knowledge to use Levonelle, bought over the counter on a Sunday. I asked her how she knew to use it and she told me that when doing an ESOL course at a local college she had been taught by Brook about emergency contraception. Clearly an inspired way of doing outreach to those who might otherwise not know how to access services."*

Steve explains that during the visits many young people are surprised to discover that they can access confidential sexual health services that are free for all users. Visits to the clinic are a practical way of learning about the location of the clinic, opening hours and range of services offered.

*local Brook Outreach Workers are part of the SHET team.

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4.15 Although the use of services is often monitored by gender, less is known about the sexuality of young service users. Lesbian, gay, bisexual and transgender (LGBT) young people say that they often feel excluded from services and may conceal their sexuality because they are afraid of negative judgements. Many further education colleges have an active Student Union. This provides an ideal forum to audit SRE and service provision from the perspective of equality and diversity.

4.16 Many colleges have set up LGBT groups. In some cases a student chairs the club and is supported by the Equal Opportunities Officer. Information about local services providing services for young LGBT people can be displayed on a notice-board, and outside agencies may support the group by attending meetings. By creating links with local services and making information visible some of the inequality which young LGBT people experience can be addressed.

Ensuring quality

4.17 The You're Welcome Quality Criteria provide a practical benchmark that service providers can use to measure the quality of their services for young people. Services that achieve the standards set out in 'You're Welcome' will be able to apply for a quality-mark. Details will be available in Spring 2007. The full criteria can be downloaded from www.dh.gov.uk/publications (Policy & Guidance Publications search under 'y').

Publicising services

4.18 It is important that on-site sexual health services are widely publicised, including to those under-represented in using more traditional community-based services such as young men and black and minority ethnic groups. Publicity about the service being offered or sign-posted needs to communicate a clear message of welcome and reassurance with regard to confidentiality. Including young people's views about the service can be a very powerful recommendation. On-site and linked off-site services can be publicised through:

- Posters, leaflets, flyers and credit card sized information (placed both where young people gather socially in the college and in discreet locations such as the toilets)
- Freshers' fairs and information evenings
- Student diaries and tutorials
- Intranet, e-mail bulletins and websites

- 4.19 In line with the You're Welcome Quality Criteria, publicity information should say what the service offers, how to access it, and what you can expect when you access the service. More information about publicising a service can be found at www.ncb.org.uk/sexualhealthservices
- 4.20 The timing of publicity information needs to be carefully considered. Teenage conception rates peak between September – December. This matches the start of the academic year when young people are coping with big transitions and facing changes in their lives. It is important that further education providers give young people information about where they can access confidential advice and contraception as part of the induction programme in September. Information can then be added to and built on throughout the Autumn term and beyond.
- 4.21 Word-of-mouth is a powerful publicity tool. If young people have a positive experience of using a service they will pass this feedback to others. Professionals can also use word-of-mouth to tell young people about the services available. The up-take of City and Islington College's weekly sexual health drop-in has increased dramatically since Brook, who run the service, employed an outreach worker. Previously the service was publicised with posters and flyers but now the outreach worker visits the canteen and social areas in the college and chats informally to young people about how the service works and what it offers.
- 4.22 As well as locally-produced materials, the Teenage Pregnancy Unit has made copies of its *'Want Respect: Use a Condom'* media campaign materials available for further education institutions to order at no cost. This includes posters that can be adapted locally to include details (location, opening times etc) of on-site services, or services based in the local community. The following materials can be ordered from www.teachernet.gov.uk/publications

Posters for notice boards, corridors etc:

A2 Condumb: 04238-2006POS-EN

A2 No means no: 04329-2006-POS-EN

Posters for washrooms/toilets

A3 Pants (female): 04241-2006POS-EN

A3 Tossler (male): 04240-2006POS-EN

Bus pass wallets

Blue bus pass wallet: 04235-2006MKT-EN

Red bus pass wallet: 04236-2006MKT-EN

Chapter 5: Frequently Asked Questions



Summary

This section gives responses to a number of 'frequently asked questions' in relation to establishing sexual health services in further education settings.

Q1 How can we fund sexual health services in further education settings?

There is no single model for funding on-site services, but successful strategies include:

1. Effective networking which helps to build relationships and facilitate 'finding out fast' about funding possibilities.
2. Multi-agency working and joint commissioning which enables the pooling of expertise and resources. All partners involved should contribute resources, as this generates joint ownership and commitment from all parties.
3. Exploring the possibility of accessing local grants, for example through the Neighbourhood Renewal Fund and European Social Fund.
4. Starting small with an achievable and relatively inexpensive goal, such as setting up a condom distribution scheme, then evaluating progress and using evidence of success to attract further funding.

PCT and Local Authorities are jointly responsible for the Public Service Agreement to reduce teenage pregnancies. The PCT should provide sexual health services in colleges because it will help them to achieve their targets. In some colleges health professionals employed by the PCT visit the college to staff a drop-in clinic, for example three lunch-times per week. The involvement of specialist contraception and sexual health nurses extends the range of services that can be offered in a non-medical setting. It also extends the PCTs access to a key target group.

Provided adequate training is given, non-medical professionals such as student services staff and counsellors can offer condom distribution and pregnancy testing. Combining PCT funded medical professionals with trained non-medical staff in this way is an extremely efficient use of resources. This creates joint ownership so helps to ensure sustainability.

PCTs also provide non-staff resources such as local health promotion campaign materials and access to free condom schemes. Many PCTs are actively engaging with further education settings in their Chlamydia Screening Programme, at no extra cost.

Connexions Partnerships provide Information, Advice and Guidance (IAG) services to young people aged 13-19, and allocate a proportion of their Personal Adviser resource to support students in further education. Some Personal Advisors have been trained as sexual health specialists so can contribute to an on-site sexual health service. Similarly the local youth service may be able to allocate some youth worker time to spend supporting young people in further education settings. Local voluntary sector agencies may also have the capacity to contribute.

Further education institutions are funded by the Learning and Skills Council (LSC). The LSC determines funding mainly on the basis of the number of students enrolled and the qualifications they achieve. As there is currently no dedicated budget for student services decisions as to how much money to spend on student services are for individual institutions.

The LSC currently allocate just over £800 per student per year specifically for use in providing enrichment, tutorial and key skills. Colleges are advised to dedicate approximately 5 hours a week per full time student to meet this 'Learner Entitlement'. Learner Entitlement funding can provide a resource for colleges to develop SRE delivered through tutorial, enrichment and key skills.

Case-study: Condom distribution scheme at Bishop Auckland college

Condoms bought by the college cost approximately 10p each, totaling £442 in 2005-6. Young people came to access condoms from the student support team on 345 occasions in the same period. A £1000 'pump-priming' grant from the local Teenage Pregnancy Action Group has covered the cost of condoms for the first two years, but the college is now preparing to cover the cost themselves in the future. The PCT will continue to support the college with publicity materials and training.

Kaye Bramhald, sexual health outreach worker is employed by the PCT. She has trained a team of 10 student support staff to distribute the condoms using a county-wide C-card scheme. This has given staff the confidence and competence to discuss basic sexual health issues with young people, including relationships, and consent. While explaining correct condom use and how to avoid breakage staff also increase awareness about the risk of STIs.

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Q2 Can we include 14-16 year olds in college services?

Yes. 14-16 year olds can and should be fully included in college services. The number of 14-16 year olds getting some of their education in college is increasing. In 2005, over 100,000 14-16 year olds took courses at college as part of the '14-16 Increased Flexibility Programme'. These programmes have been well evaluated and provide a platform of experience from which to develop effective systems for the first wave of specialised diplomas in 2007, which will involve an increasing cohort of 14-16 year olds spending time in college. To respond to the new cohort of younger learners some colleges have employed a 14-16 manager, who is responsible for both curriculum and welfare.

The AoC & LEACAN recommend that this younger cohort be enrolled as full college members. Schools should note that they retain the prime duty of care for their pupils. Legally, FE Colleges must provide schools with adequate details of provision to enable the school to obtain parental consent for their child to participate. These details should include information about the range of student support services available in the college. In obtaining parental consent schools need to provide information that includes details of on-site health and welfare services.

Parents have a right of withdrawal from non-statutory SRE delivered in school. The college should communicate details of any SRE to be delivered to 14-16s. Equipped with these details of provision, the school should inform parents of any non-statutory SRE that is included in the college programme. Evidence suggests that parents are very supportive of SRE programmes delivered in school and college settings. Indeed if young learners are attending college while SRE and PSHE are being delivered at school it is important for colleges to ensure that they do not miss out.

Where a college has a number of school partners it is sensible to agree a common procedure for all schools. In some cases communications between the further education provider and schools are brokered through the Local authority or the LSC. However the same responsibilities outlined above apply.

In accordance with DfES and AoC guidance a variety of measures will support effective inclusion of 14-16s in college welfare services:

1. The college should provide a thorough induction for young learners at the start of their programme including a tour showing them where student services can be found. It is essential that the confidential nature of services is explained.
2. As well as the learner contract, a young learner's handbook should contain information about the college services including details of the tutorial and pastoral support system.
3. Celebrating young learners achievements will help build their motivation and self-esteem. For example celebrating the signing of the learner's contract and involving successful role models from previous programmes.
4. All staff should be informed about arrangements relating to young learners including their right to access to the full range of student services including confidential sexual health services.
5. Staff unfamiliar with working with young learners will need to access further training on continuing professional development (CPD) programmes that address the pastoral and behavioural support needs of younger learners.

Useful documents:

- *Guidance for FE colleges providing for young learners, AoC and LEACAN, 2003*
- *Legal Requirements for FE Colleges providing for young learners, DfES, 2006*
- *Best Practice Guidance for Doctors and other Health Professionals on the Provision of Advice and Treatment to Young People under 16 on Contraception, Sexual and Reproductive Health, Department of Health, 2004*

Q3 Can we offer a confidential sexual health service in further education settings?

Yes. FE and sixth form colleges and work-based learning providers can offer a confidential sexual health service. All young people, including those aged under-16 have a right to access confidential sexual health advice and treatment. This right is supported in law in the Sexual Offences Act 2003. Assurance of confidentiality is of paramount importance to young people.

Colleges already offering one-to-one advice with counsellors and student advisors are likely to have a confidentiality policy in place. It is good practice to review this document, asking for input from a range of people affected. The college child-protection policy should be read in tandem with the confidentiality policy. Child protection procedures explain what to do if a serious threat is identified to the safety of a young person which might lead to the need to disclose sensitive information. It is vitally important that both the confidentiality policy and the child-protection policy are understood by all staff, not just those staff who have a welfare role. One breach of a young person's confidentiality can permanently jeopardise trust.

Health professionals have their own code of professional conduct that covers confidentiality, child-protection and duty of care. As college sexual health services are likely to be delivered through a multi-agency partnership it is important to check that policies are consistent and mutually understood and supported.

Health professionals will be familiar with using the Fraser guidelines with young people under 16 years as a procedure for checking the young person's understanding and competence to consent to treatment.

Fraser guidelines are regularly used with young people. They help service providers to check if young people understand the emotional and physical implications of sexual activity, are not being pressurised into sexual activity, and are aware of the benefits of communicating with a responsible adult about their relationship. Reference to the use of Fraser guidelines can be made in the college confidentiality policy, thus ensuring that the policy caters for all learners.

Professionals delivering sexual health services in any setting have a responsibility to explain the confidentiality and child-protection policy to young people. This may need to be explained through a conversation as well as having a written version. Literacy and fluency in the English language cannot be taken for granted. But full understanding of the confidentiality available is vitally important and will encourage take-up of services.

Sheffield college were successful in developing joint ownership of their confidentiality policy through engaging partners in a steering group.

Case-study: Building consensus around confidentiality at Sheffield College

High-level support for a sexual health drop-in clinic and tutorial-based sexual health education sessions was gained right from the start. A meeting was arranged between the Centre for HIV & Sexual Health (in Sheffield), the local Teenage Pregnancy Coordinator and the Sheffield College Principle. Roles and responsibilities of each partner were explored.

A Steering Group was appointed to develop a confidentiality policy. College counsellors, the senior management team and support staff were represented in the group. The policy they developed was shared with all college staff. It covers a variety of situations including:

- Working with under 16 year olds
- Working with groups
- One-to-one situations
- Health professionals working in college

Importantly the policy was visibly displayed outside the drop-in service for young people to read.

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Q4 Will we get adverse media publicity?

When colleges are new to providing sexual health services senior managers often fear negative press coverage. The worry is often that providing free condoms in college will be seen be misrepresented by the media as 'encouraging young people to have sex'.

Since the launch of the teenage pregnancy strategy in 1999 access to free condoms for young people has increased and the rate of teenage conceptions has dropped and there has been no change in the age at which young people become sexually active.

Young people see the provision of condoms in college as a practical and helpful approach:

"I don't think it's the condoms that encourage people to have sex. People in college are old enough to know wrong from right and are old enough to know if they want to have sex. That's your decision. I think it's the people around you that influence. I don't think the college giving them to people encourages – they're giving them protection – it's the youths that encourage it."

College student, aged 19

Both at the local and national level there are examples of responsible media coverage of teenage sexual health issues. Identifying a supportive journalist can really help. By taking a pro-active approach to the media when launching a new service, clear messages can be promoted.

Preparing a joint press release together with partners in the local health authority and PCT can make the process easier.

Young people are very critical of the media for the mixed messages portrayed about sex:

“Especially in the music videos – sex sells – they just make it sordid and dirty – they are not promoting it in the right way.”

College student, aged 17

But they can also have a constructive role in creating positive media messages. Following discussions with the local public health manager, art and design students at South Thames College were invited to design submissions for a local sexual health campaign. Not only did the results communicate powerfully to young people, but the competition made a platform for positive publicity, and a means to raise the self-esteem of the young people involved.

Q5 What is the role of tutors in promoting young people’s sexual health?

Sexual health can be a challenging topic for both adults and young people. Not all tutors feel comfortable, confident or competent in leading discussions about sexual health with their tutor group. The extent to which tutors engage with sexual health topics should be a matter of choice. However a minimum expectation is that all tutors signpost young people to the services available. Training and support will develop the confidence and competence of tutors to facilitate discussions and learning about sexual health. An example of an effective county-wide training scheme for college staff can be viewed on www.ncb.org.uk/sexualhealthservices

In some cases tutors are leading innovative sexual health work with young people at a very high standard. The energy and commitment that tutors give to developing sexual health projects needs to be recognised and rewarded. Tutors can play an important championing role helping other tutors to get involved across the college.

Tutors are often the first port of call when young people experience personal difficulties that impact on their ability to attend college and concentrate on their studies. They are well-placed to build a young person’s confidence to approach health professionals. Tutors can help increase the take-up of both on and off-site services by informing the group as a whole about how, where and when they can be accessed.

Tutors may worry that raising issues relating to sexual health will prompt questions and disclosures that are difficult to handle. Tutors need to be clear about boundaries and to refer young people for specialist help.

Case-study: Sexual health high on the agenda at Work-Based Learning provider 'Biscom' in Birmingham

Up to one hundred 16-19 year olds go through Biscom's E2E programme in Birmingham each year. The programme operates on a rolling basis – such that every Monday new learners are welcomed. Each young person is assigned to a mentor and signs a confidentiality agreement. This explains that discussions with their mentor are confidential, and also explains the organisation's duty of care should a child protection case arise.

The programme begins with a 4 week induction and runs for 16-18 weeks in total. Glenn Nicholl runs the sexual health session once a fortnight to groups of 12 students as part of their induction. The sessions explore topical sexual health issues particularly pregnancy choices and relationships, and are often a trigger for personal issues to emerge:

"Often after a session a young person will hover around, packing their bags up extra slowly. Then they will ask me a question about something 'they didn't quite understand' and it turns out they have a pressing personal issue. This issue is frequently that they or their girlfriend are pregnant. They are in shock and they don't know what to do."

Glenn estimates that a couple of girls become pregnant out of each group. Typically, one girl will go on to continue their pregnancy and the other to terminate. Young people are referred to the local Brook and GUM services so that they can access professional support and counselling. Glenn admits: *"sometimes running the sexual health sessions feels like opening a can of worms"*, but describes how being able to tell their mentor about issues such as relationship worries and pregnancy have been hugely valued by the young people.

Contact: Glenn Nicholl

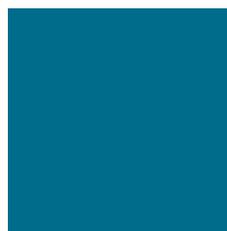
E-mail: glenn.nicholl@biscom.org.uk

Colleges have adopted a variety of models of tutor involvement as shown below:

<p>Model A</p> <p>A sexual health outreach worker, youth worker or college nurse tours tutor groups across the college delivering a programme of sexual health sessions. The specialists' hours may be funded by the college, or an external agency.</p>	<p>Model B</p> <p>A group of specialist tutors are supported with training. They then tour tutor groups across the college delivering a programme of sexual health sessions.</p>	<p>Model C</p> <p>Basic sexual health training is provided for all college tutors, enabling a minimum level of service signposting to be provided with accuracy and confidence by all tutors.</p>
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The case-studies presented in this guidance demonstrate the variety of approaches taken by further education settings to improve young people's access to sexual health services. By setting up on-site sexual health services and clear signposting FE Colleges, Sixth Form Colleges and work-based learning providers have all reaped benefits with improved retention and attainment. Providing flexible young-people centred services is an approach proven to reduce teenage pregnancy rates and thus to meet PCT and Local authority targets. Most importantly of all it meets young people's need for open and accessible services.

Chapter 6: Checklist



Planning a sexual health service in a further education setting

- Consult young people about the design, delivery and evaluation of the service
- Build consensus amongst stakeholders and ensure leadership through senior college management
- Ensure that services and information will be accessible to all young people, including 14-16 year-old learners
- Involve your Equality and Diversity officer to ensure inclusivity
- Provide training for staff and recognition of the contribution they make
- Establish a written confidentiality policy including a visible young people's version
- Consider integrating sexual health with broader health services such as smoking cessation, healthy eating, alcohol and drug-misuse
- Identify cross-curricular links so as to embed sexual health within the curriculum
- Involve young people actively in learning about sexual health, making links with the services available either on or off-site
- Set up a monitoring and evaluation system and review services in line with quality criteria (e.g. You're Welcome)

Chapter 7: Acknowledgments



This guidance has been written by Lucy Emmerson, Senior Development Officer at the Sex Education Forum for the Department for Education and Skills. The content has been developed in consultation with the Advisory Group listed below:

Paula Gould, Brook London

Steve Gray, Sexual Health Education Team, Camden & Islington

Gareth Griffiths, Learning and Skills Council

Siobhan Hawthorne, Teenage Pregnancy Coordinator, Islington

Rhiannon Holder, Student

David Kesterton, fpa

Veronica King, National Union of Students

Rob MacPherson, DfES, Teenage Pregnancy Unit

Lily Makurah, Department of Health

Gill Mullinar, Sex Education Forum

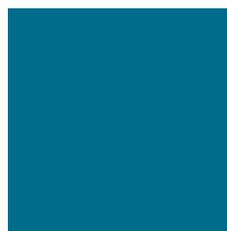
Debbie Ribchester, Association of Colleges

Jonathan Smith, North West Strategic Health Authority

Jonathan Yewdall, Personalisation Project, DfES

Thanks to Gill Frances, National Children's Bureau; Liz Laycock, Newham College and to the young people and professionals who contributed to the research and case-studies for this guidance.

Chapter 8: Resources



Much of the information contained within this guidance and additional case-studies are available on-line: www.ncb.org.uk/sexualhealthservices

Professional development

The Sex Education Forum (SEF) manages the 'Further Education & Sexual health services e-mail network'. This is a good-practice sharing forum for professionals who are thinking about or have already developed sexual health services in a further education setting. Network membership is free. For details e-mail: lemmerson@ncb.org.uk

PSHE Certification programme; an accredited training programme for professionals specialising in the delivery of Personal, Social and Health Education. Further information from www.teachernet.gov.uk/PSHE/

Royal College of Nursing on-line courses in 'Sexual health skills' and 'promoting sexual health. More information at: www.rcn.org.uk/resources/sexualhealth/

Guidance and policy

You're Welcome Quality Criteria published by the Department of Health updated in 2007. Guidelines set out practical measures to ensure Health Services are made accessible for all young people. Can be downloaded from www.dh.gov.uk/publications (Policy & Guidance Publications search under 'y')

Recommended Quality Standards for Sexual Health training Department of Health document compiled by the Centre for HIV and Sexual Health. Provides a check-list of values, principles and standards required for delivery of high quality sexual health training. E-mail admin@chiv.nhs.uk for copies.

Every Child Matters web-site; see details of the outcomes for children framework and click on 'Health' to view information about the national Teenage Pregnancy Strategy www.everychildmatters.gov.uk

Ofsted, Colleges Inspection Handbook 2006; provides information about the revised colleges inspection framework and how this is integrated with the 5 Every Child Matters Outcomes for Children www.ofsted.gov.uk/publications

Department for Education and Skills, Sex and Relationship Education Guidance, 2000 www.dfes.gov.uk/sreguidance

Department of Health Best Practice Guidance for Doctors and other Health Professionals on the Provision of Advice and Treatment to Young People under 16 on Contraception, Sexual and Reproductive Health, 2004 www.dh.gov.uk/publications (Policy & Guidance publications, search under 'b')

Royal College of General Practitioners and Royal College of Nursing 'Getting it Right for Teenagers in Your Practice' Royal College of General Practitioners March 2002 www.rcn.org.uk/members/downloads/getting_it_right.pdf

Teaching and learning materials

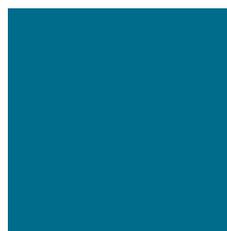
The Sex Education Forum produces fact-sheets covering a variety of topics addressing inequality such as young people with learning disabilities, sexual orientation, boys and young men, and faith. These can be freely downloaded from The Sex Education Forum website: www.ncb.org.uk/sef

fpa booklet: 'Love Sex Life' for young people aged 16 and over exploring all aspects of sex and relationships with a strong emphasis on building self-esteem and empowering young people to feel confident to do what's right for them within a consensual relationship. £20 for 50 copies; email fpadirect@fpa.org.uk

National Union of Students' 'World AIDS Day' and sexual health resource pack can be downloaded from <http://resource.nusonline.co.uk/media/resource/easyhealth.pdf>

Tacade teaching pack: Part 1 'Sex – Drugs and Alcohol' suitable for use with young people aged 14-19 with a range of abilities. £46.95. Part 2 'HIV Transmission' set of activities for use with young people aged 16+ £26.95. Contact: resources@tacade.co.uk Tel: 0161 8366 850

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ISBN: 978-1-84478-970-2

PPPDF/D16(7140)/0607/33

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