



# Extended Schools: Improving Access to Sexual Health Advice Services



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## Who is this guidance aimed at?

- 1 The guidance is for senior managers in secondary schools, secondary school governing bodies and colleagues in local authorities responsible for driving forward the Extended Schools programme.

## What is the purpose of the guidance?

- 2 This best practice guidance responds to requests for practical advice and support on setting up school-based health advice services, designed to give young people access to the advice and support they need to achieve healthy lifestyles and avoid health outcomes that impact negatively on their learning. It builds on recent guidance to Local Authorities and PCTs on effective delivery of local teenage pregnancy strategies, which included a range of measures to improve young people's access to contraceptive and sexual health advice.

## Context

- 3 Survey data suggests that a significant proportion (estimated to be between a quarter and a third) of young people have had sex by the time they are 16. But they are the group least likely to access contraceptive and sexual health advice, putting them at high risk of experiencing an unplanned pregnancy and/or contracting a sexually transmitted infection (STI).
- 4 The consequences of unprotected sex are serious. Over 50% of conceptions to under-16s lead to an abortion and teenage mothers and their children experience far worse health and education outcomes than older mothers. This increases their likelihood of long-term social exclusion. STIs can cause fertility problems in later life and, in respect of HIV/AIDS, can be life-threatening.
- 5 Teenage pregnancy rates have fallen steadily over the last six years, to their lowest level for 20 years. The under-18 conception rate has fallen by 11.1% and the under-16 conception rate by 15.2% since the Teenage Pregnancy Strategy began. But the UK still has high rates of teenage pregnancy compared to its Western Europe neighbours. Teenage birth rates are more than twice as high as in Germany, three times as high as in France and over five times as high as in the Netherlands. Although the incidence of some STIs is declining, rates are highest among young people.
- 6 Evidence shows young people who become sexually active before age 16 are more likely to regret it, to not use contraception and to become pregnant before 18, than their peers. Improving access to advice and support on relationships, contraception and sexual health is, therefore, key to helping young people make healthy and positive choices.

## How can schools help?

- 7 DfES and the Department of Health share a challenging target to halve under-18 conception rates by 2010. Schools can make a significant contribution to meeting this target:

- They can ensure all young people receive a comprehensive programme of sex and relationships education (SRE) – including information on where they can access specialist advice and support - delivered through the framework for Personal, Social and Health Education (PSHE).
  - They can help raise aspirations of young women at risk of teenage pregnancy, so that they delay parenthood until they are in a better position – emotionally, educationally and financially – to face its consequences;
  - They can help improve young people’s access to specialist advice and support from health professionals;
  - The provision of PSHE and easy access to young people friendly contraceptive services are key factors in areas with declining teenage conception rates.
- 8 This guidance focuses on the practical issues involved in setting up health advice services on school sites. School-based services serve to locate health advice closer to the point of need and ensure young people can easily access services they may not be able (or want) to access in traditional clinical settings. They also allow closer links to be developed between one-to-one advice and the content of the PSHE curriculum.
  - 9 It is important that all young people are encouraged to delay early sexual activity. However, for those young people who are already sexually active, it is also important that they are able to access the advice and support they need to protect themselves against the negative consequences of unprotected sex.
  - 10 Early opportunities to talk to a health professional allow young people to make informed choices, reduce the likelihood that they are putting themselves at risk of STIs/unplanned pregnancies and provide opportunities to disclose concerns about abusive or coercive relationships. This support helps young people to overcome anxieties that might be affecting their ability able to concentrate in lessons and, in turn, enable them to better focus on learning - ultimately helping to raise standards.
  - 11 Helping young people access confidential health advice services enables schools to make a significant contribution to helping all children achieve the ‘Being Healthy’ and ‘Staying Safe’ outcomes set out in Every Child Matters. It also allows them to meet the swift and easy referral requirements of the Extended Schools core offer. Provision of information about local contraceptive and sexual health services is also one of the criteria needed to meet the PSHE standard in the Healthy Schools programme.
  - 12 An increasing number of schools are offering an on-site health advice service. These services are generally popular with parents, teachers and students. Teachers report that the availability of specialist health advice close at hand provides a swift referral route for pupils facing difficult and sensitive issues and allows them to focus on teaching. Young people value the opportunity to talk to a professional not associated directly with the school.
  - 13 Feedback from these schools shows a strong demand for sexual health advice in particular. However, the vast majority offer general health advice. This is partly to maintain the confidentiality of young people’s enquiries, but also to enable other health concerns to be addressed, such as smoking cessation, drug and alcohol problems, obesity, eating disorders and depression.
  - 14 This leaflet provides some case study examples of successful schemes operating across the country. Further information is available from your local authority’s teenage pregnancy co-ordinator and/ or The Sex Education Forum (SEF): [www.ncb.org.uk/sef](http://www.ncb.org.uk/sef), which manages an e-mail network for schools which have, or are thinking about, setting up a service. If you are interested in finding out more about the network, please contact Lucy Emmerson at the Sex Education Forum at: [LEmmerson@ncb.org.uk](mailto:LEmmerson@ncb.org.uk)

## What does a school-based service look like?

- 15 There is no set model for school-based health advice services. Their nature and scope is for school governing bodies to determine in consultation with parents, teachers and pupils. In some schools, for example, local GPs run on-site drop-in services. In others, a team including a sexual health nurse, counsellor, practice nurse and CAMHS worker provide a holistic service. Where on-site provision is not possible, schools have developed strong referral systems to mainstream services in community settings. In most schools, a school-nurse leads on co-ordinating health advice services/quick and easy referral arrangements.
- 16 It is recommended that local authorities – through their Extended Schools Remodelling Adviser (ESRA) - consult and work with Primary Care Trust (PCT) colleagues before deciding on the range of health advice services that they offer, so that the service reflects local health priorities and complements other services provided by the PCT. Funding of health provision in schools is an excellent way for PCTs to contribute to local Children & Young People plans, demonstrating joint work to help young people achieve the 5 Every Child Matters outcomes.
- 17 By 2008 we expect children's trust arrangements to be in place in all local authority areas, bringing together services for children and young people with a clear focus on improving outcomes. They will have a key role in the strategic planning and commissioning of services for children and young people. In particular, they will have a role to play in supporting schools to develop links with other services such as health and social care. Children's trusts will be able to pool budgets between partners, so that more efficient use is made of resources.

### **Paignton Community College**

*Paignton Community College's 'Tic-Tac' centre is a health advice service for students, including sexual health advice. The main driver for the centre was to raise attainment, as young people are better able to focus on learning when free from health concerns.*

*The centre is widely publicised through the school's PSHE programme. Issues raised in PSHE are often followed up in individual appointments. The centre is not a first-aid facility; it provides advice rather than medical treatment.*

*Although broad-based, the majority of young people using Tic-Tac are seeking advice on sexual health issues. Feedback suggests Tic-Tac has led to a much more positive view of health professionals among students. Older students, in particular, are now much more likely to seek advice from mainstream health services.*

**Contact: Jane English – 01803 393859**

### **Whickham School, Gateshead**

*Whickham School provides a lunchtime health clinic which also provides contraception and sexual health off site at a nearby Health Centre.*

*This was developed in partnership with the School, School Health Promotion Service and a local GP and provides young people with an opportunity to access services during the school day. The young people's clinic has exclusive use of the health centre one lunch time a week, enabling young people to build confidence in accessing places like health centres on their own.*

*The service has been running for 6 years and compliments the sex education programme provided by the school nurse.*

**Contact: Pam Douglas – 0191 4901699**

### **Hookergate School, Gateshead**

*In 1998, it was identified that there were no sexual health services for young people in the west of Gateshead. A questionnaire completed by pupils showed that 60% were in favour of having a drop in health session with only 2% saying they would access their GP with a health problem.*

*Partnership working between the school staff, governors, parents and the School Sexual Health Promotion team enabled the drop in sessions to be set up with the remit of providing health advice and support on any health issue but also included access to contraception and sexual health.*

*The service developed rapidly and evolved into single gender sessions which enabled us to utilise male and female workers and target work around health promotion issues. The sixth form has its own drop in session for the provision of contraception and advice on other health issues. An additional session on smoking cessation is also available after this was raised by young people as a service they would like to have access to. The School also runs a Sex Education programme in conjunction with the Sexual Health Promotion Service.*

**Contact: Pam Douglas – 0191 4901699**

# FREQUENTLY ASKED QUESTIONS

## Q1: How would providing a health advice service on-site benefit my school?

Young people learn best when they are free from worries or concerns, allowing them to focus on their learning. Concerns about pregnancy, sexual health and difficulties in developing positive relationships can be a significant distraction. Access to information and advice from a trusted adult can help overcome this and help young people avoid situations that can lead to their disengagement from learning altogether, such as early pregnancy.

## Q2: Who do I need to consult about setting up such a service?

The decision to set up a school-based health advice service, and the scope of the service, is for the **school governing body**, in consultation with parents, teachers and pupils. Once a decision is taken in principle, the school (or ESRA on the school's behalf) will need to liaise with their local PCT to negotiate the health professional's input to the service and practical requirements such as space, access to running water, or equipment. Consultation with the PCT will also ensure that provision reflects local health priorities and inequalities. It is important to seek the views of students on the precise range of services to be provided and on the times and location the service is offered.

## Q3: What are the guiding principles that should shape the service that is offered?

While the nature and scope of individual services will differ, there are a number of guiding principles that should apply to all. These reflect the DH 'You're Welcome' quality criteria issued to PCTs on developing young-people friendly services<sup>1</sup>. This states that services should be:

- Accessible in terms of location and opening hours (schools may want to consider operating the service at times beyond the school day, for example during times when other extended services for students are operating, or when school premises are being used to deliver services for the wider community);
- Well-publicised, with particular attention given to ensuring that publicity makes clear that the service is open to boys and young men;
- Confidential;
- Delivered within an environment that is welcoming, discrete and doesn't compromise young people's confidentiality;
- Delivered by trained staff who display attitudes and values that are welcoming and non-judgmental;
- Well co-ordinated with other services providing advice and support for young people;
- Be broad-based, covering a wide range of health issues affecting young people – such as smoking cessation, healthy eating, alcohol and drug misuse – as well as sexual and reproductive health; and
- Monitored and evaluated so that the reasons why young people are accessing the service (sexual health concerns, healthy eating etc) is understood, while retaining individuals' anonymity.

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<sup>1</sup> 'You're Welcome Quality Criteria: Making Health Services Young People friendly, 2005. Department of Health

#### **Q4: Won't young people shy away from a service dealing with sexual health issues because of the stigma associated with accessing such services?**

That is why we recommend the development of broad-based health advice services, with contraceptive and sexual health advice being just one component. A broader health advice service can offer support on a range of health issues, including diet and exercise, emotional health and well being, drug education, sexuality and sexual health. This means that young people can access advice without embarrassment. It is important, however, that sexual health is clearly advertised as a key component of the broader service being offered. This signals to young people that their sexual health is an important part of their overall health and wellbeing, and helps to create a climate of increased openness in relation to sexual health issues.

#### **Q5: Are teachers required to provide sexual health advice?**

No. Health advice services should be provided by health professionals, such as a school nurse, GP, health promotion worker or sexual health outreach worker. Teachers are expected, however, to be able to signpost young people to where they can access confidential advice on sexual health issues.

#### **Q6: Will issues raised in health advice sessions remain confidential?**

Yes. Health professionals work to their own codes of practice and relevant DH guidance<sup>2</sup>. These stipulate that young people (including those under 16) have the same rights to confidentiality as adults, **provided there are no child protection issues**, in which case health professionals are required to follow the 'Working Together' guidance. Young people can consent to advice and treatment without consent from their parents, so long as they are judged to be competent to understand the choices presented to them. However, health professionals will always try to persuade young people about the benefits of involving parents, if at all possible. Where a young person is adamant s/he does not want his/her parents to be informed, every effort should be made to involve another trusted adult, such as an aunt, older sibling or family friend.

#### **Q7: Why can't young people access these services outside school?**

Young people aged under-16 are the group least likely to access contraception and sexual health advice, both before their first sexual experience and when they do become sexually active. There are a number of reasons why this is the case. Fear that confidentiality will be broken is a significant barrier. A quarter of young people are not aware they can access services without their parents being informed, particularly through GP surgeries. Ensuring a school-based service is promoted as a place where confidentiality is respected helps overcome these apprehensions. Many community services also have restricted opening hours, which make it difficult for young people – especially those living in rural areas – to access them. Not every young person feels confident enough to seek advice. Providing services in schools and other non-clinical settings, such as FE colleges and Connexions one-stop-shops, is part of the Government's drive to improve young people's access to confidential health advice – ease of access to services can make the difference between whether or not the young person seeks advice.

#### **Q8: Will parents object to the availability of confidential advice accessed through the school?**

It is important that parents (and governors) are aware of the nature and scope of the services being provided and that their children will be able to access confidential advice. While some parents may object, the evidence suggests that the vast majority of parents support more sex and relationships education in schools and agree that young people should have access to advice on contraception and sexual health. Where health advice services are being offered on-site, schools report that parents are generally very supportive.

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<sup>2</sup> *Seeking Consent: Working with Children, 2004*. London: Department of Health; and *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*. London: Department of Health

### **Q9: Where can I get more information on school-based services?**

The Sex Education Forum (SEF) manages a 'schools and services network', providing advice and support for schools which are, or are thinking about, establishing a school-based health advice service. If you are interested in finding out more about the network, please contact Lucy Emmerson at the Sex Education Forum at: [LEmmerson@ncb.org.uk](mailto:LEmmerson@ncb.org.uk)

SEF has also produced a publication – '*Secondary Schools and sexual health services: forging the links*' – published by the National Children's Bureau in 2003 (ISBN 1 900990 89 X). [www.ncb.org.uk/sef](http://www.ncb.org.uk/sef)

In addition, every local authority has a teenage pregnancy co-ordinator (TPC) responsible for co-ordinating the local teenage pregnancy strategy. TPCs can advise on local teenage pregnancy rates and identify schools that serve wards where teenage pregnancy rates are highest. They can also provide comments on schools' emerging plans, drawing on their knowledge of young people's views about accessing services.