



Sexual Health Services Post-16 Provision East Midlands

July 2011

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Content

About EMFEC	1
Terms of Reference	2
Methodology	3
Introduction	3
The East Midlands	4
The Learner Perspective	5
The Organisational Perspective	11
Observations	18
Conclusions	20
Recommendations	23
References	24

Acknowledgements

This report was commissioned by the East Midlands Strategic Health Authority and researched and produced by EMFEC. It draws on data gathered via primary and secondary research examining Sexual Health Service provision in the post-16 sector (colleges and work-based learning providers) in the East Midlands. EMFEC acknowledges and thanks all those who contributed to the surveys, forums and interviews.

About EMFEC

EMFEC is a registered company, limited by guarantee with charitable status. Established in 1992, following incorporation of colleges of Further Education, EMFEC is an independent and neutral organisation whose existence is underpinned by the objective to help its customers, members and stakeholders to achieve excellence. Initially focusing support on the Further Education (FE) sector, this has expanded in recent years to include all providers of learning and skills.

EMFEC firmly believes that the best and highest quality provision for learners can be more effectively achieved through partnership and the sharing of professional knowledge, intelligence, experience and expertise. The company is uniquely placed to carry out this role. EMFEC:

- is a business that receives no direct funding or grants. The company understands the imperatives that impact on skills development and engagement with the business that its customers and stakeholders support
- works for, and with, the learning and skills professionals. Its services are developed and delivered with real understanding of the needs and issues of the learning and skills sector
- delivers a range of services through an internal team of staff with direct experience of working in the learning and skills environment – in colleges, schools, awarding bodies, training providers and professional bodies. This team of staff is supported by an extensive network of Associate Trainers, all of whom are skilled practitioners in their area of expertise, bringing with them innovation, relevance and proven solutions to address the needs of customers and stakeholders

- represents the learning and skills sector at a local, regional and national level and, by being in touch with key decision makers, gathers intelligence to ensure that its customers are aware of, and understand, current initiatives and thinking.

EMFEC has led and supported a number of national and regional research projects and has established a reputation for providing an objective and balanced view.

Terms of Reference

The report is part of a wider project work plan activity. The regional project, funded by the Strategic Health Authority (SHA) East Midlands has three strands:

- A Sexual Health Services Audit
- Sexual Health Awareness
- Healthy Learners, High Achievers.

The aim of the Sexual Health Services Audit is to gather information from focus groups drawn from post-16 learners in colleges, and apprentices/work-based learners in private provision, in order to ascertain views on sexual health services provision in the provider organisation. The information in the report will be used to inform the development of a toolkit of resources for teaching and support staff.

The Sexual Health Awareness strand has two aims, to deliver bespoke Continuous Professional Development (CPD) to post-16 learning organisation staff and to develop resources for learners. It is intended that these resources will be written by the sector, for the sector, through funded development projects of £4,000 per project. The first project, approved in May 2011 will be completed and disseminated at the November Network meeting. The second round of tenders for the funding of 3 projects took place in July 2011. Completed resources in this series will be showcased at the Spring Network meeting in 2012.

The third strand of the project, Healthy Learners, High Achievers, builds on the findings of the Audit to develop a toolkit of resources for teaching and support staff. It will also provide the opportunity for teaching, assessing and support staff to attend Network meetings in April and November 2011 to share good practice and understand current policy and practice. A one-day Conference will be held in December 2011, when delegates will hear from keynote speakers and have the opportunity to attend workshops.

The one-day conference is for Student Services personnel, health professionals in the education sector, tutors, trainers and teachers, welfare staff, managers and coordinators in the post-16 sector. The event is designed to provide the opportunity for delegates to explore the impact of current policy, understand the resources and support available, take part in a question and answer session with sexual health services experts and participate in workshops. The three workshops are focused on:

- resources for young people with disabilities and learning difficulties
- findings and outcomes from the Sexual Health Audit and the Leicestershire Sexual Health FE Network
- dealing with sexual health issues in the work-based learning sector.

Keynote speakers are; Professor Roger Ingham, Director of Centre for Sexual Health Research at Southampton University, Base 51, a centre for holistic healthcare for young people, and Dr Julia Hirst of Sheffield Hallam University, senior lecturer in Sociology.

Project objectives are to:

- ascertain current perceptions of sexual health provision from a sample of post-16 learners and produce a report
- deliver CPD to post-16 learning provider staff
- develop resources for learners through funded development projects
- organise and deliver Sexual Health Network meetings
- organise and deliver a Sexual Health Conference
- develop, publish and disseminate a Toolkit of resources for teachers, trainers, assessors and student services staff.

Methodology

This report examines the current situation in relation to sexual health service provision in the post-16 learning provider sector.

The report is based on primary research. Primary research resulted from direct contact via questionnaires, interviews and surveys.

The primary research took place over a relatively short period of time, between May and July 2011. An electronic questionnaire was sent to approximately 120 learning providers throughout the East Midlands, using Survey Monkey. At the end of the survey, 43 providers had responded. The resulting report provides a guide to the views of learning providers.

The learner surveys took place in a College of Further Education and a work-based learning provider organisation. Learners and apprentices were given a hard-copy questionnaire consisting of 11 questions relating to Sexual Health provision. The college learners were level 2 and level 3 students; the apprentices were drawn from Nottinghamshire NHS. The 49 apprentices also provided verbal feedback on Sexual Health Service provision.

The research and resulting report seek to provide a balanced view to inform the development of future strategy and activity and identify some of the barriers and challenges.

The report (based upon the position in July 2011) concludes with a number of key observations and conclusions designed to inform the way in which future options for Sexual Health Service provision are developed and implemented; and to develop useful resources for tutors/support staff.

Introduction

In order to promote sexual health awareness amongst post-16 learners (in educational institutions and work-based training), and to enhance the ability of staff to deliver support and guidance, a collaborative approach to improve quality and relevance of teaching and learning is needed. Sharing good practice, improving resources and up-skilling staff are key to creating better quality, consistent and standardised sexual health support.

The three projects in the Sexual Health series build on recent initiatives at local, regional and national levels to promote a healthy lifestyle in the post-16 sector. The projects link to the Healthy FE Programme; the AoC East Midlands FE Sports Hub; and the Healthy Campus Project (HCP). The HCP is holistic in its approach, focusing on the physical, psychological and spiritual aspects of the individual. The projects also link into the SHA funded work carried out in the Leicestershire area to map and assess current delivery of Sexual Health services and support in the Leicestershire area.

The three projects in the Sexual Health series also support the 'Every Child Matters' agenda and align with the Common Inspection Framework, in which there is a recognition that attendance, retention and achievement improve when learners are healthy. Sexual Health and Relationship education also enhances the quality of provision in post-16 organisations and reflects favourably on Leadership and Management in terms of safeguarding.

The 'Our Health, Our Care, Our Say' White Paper recognises how NHS and social care services work together and sets out how the delivery of these services could be adapted to provide health and social care services within local communities. The result of The White Paper was a commitment to offer health services in a broader range of locations easily accessible for those more at risk of poor health outcomes, by providing a more personal service tailored to the specific health or social care needs of individuals.

Sexual Health Services provision in post-16 learning provider organisations offers young people flexibility, convenience and support which benefits both the individual and the learning provider.

However, much of the provision on offer, such as Chlamydia testing and the supply of contraceptives, are dependent on funding from the Strategic Health Authority (SHA) or Primary Care Trust (PCT). The government shake-up of the NHS and financial cutbacks will have serious implications for Sexual Health Service provision and, despite this report's recommendations, may have a negative impact on the level of provision currently available.

This Sexual Services Audit report is not comprehensive enough in its scope to make definitive statements for provision across the whole of the East Midlands or the UK; it is intended to be an indicator of the perceptions held by learners and organisations in relation to Sexual Health Services. The recorded perceptions and observations will be used as a guide for further activity in the Sexual Health project series in relation to Continuous Professional Development (CPD) activity, the development of resources, and Network content in the 'Sexual Health Awareness' and 'Healthy Learners, High Achievers' strands. The research does not extend to Specialist Colleges and providers, however, many of the findings are relevant.

The East Midlands

The East Midlands is a diverse region. The third largest region in England, it is made up of six counties; Derbyshire, Leicestershire, Lincolnshire, Rutland, Nottinghamshire and Northamptonshire. It has a population of 4.28 million and is spread over an area of 15,008 kilometres.

In the East Midlands, post-16 further education is provided by 22 Colleges of Further Education, 5 Sixth Form Colleges, 8 Specialist Colleges, around 200 schools and in excess of 200 work-based learning providers.

The Learner Perspective

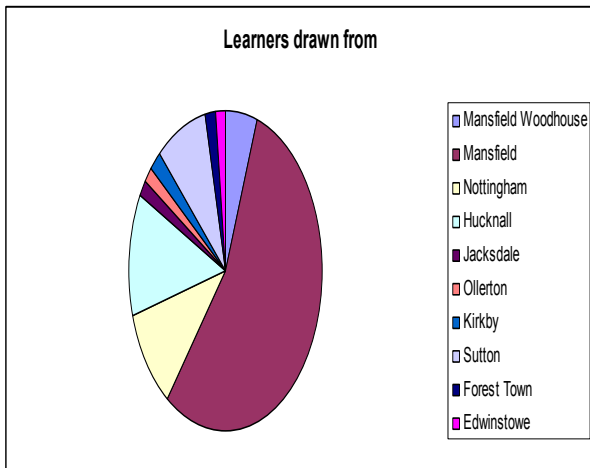
The first learner survey took place in a College of Further Education. 58 learners were given a questionnaire consisting of 11 questions relating to Sexual Health provision. The learners were level 2 and level 3 students drawn from Travel and Tourism, Public Services and Sport.

The information below shows results of the survey, by question, in graphical format.

Question One: How would you describe your organisation?

Answer: General FE

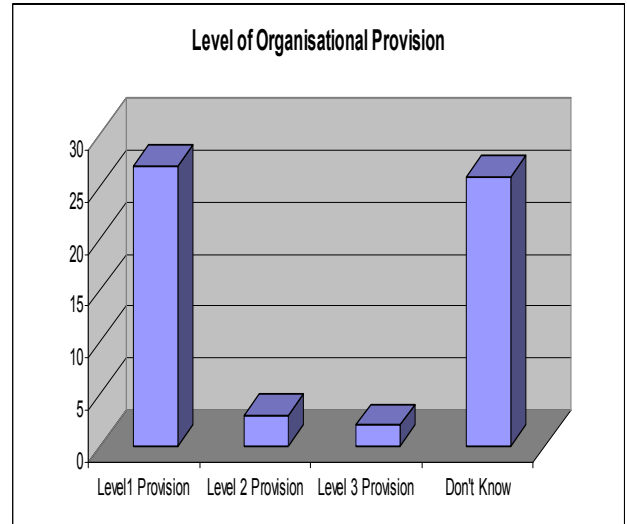
Question Two: Please provide the following details on where you live: (ie town and county)



Question Three: Does your college/work-based learning provider have any of the following services?

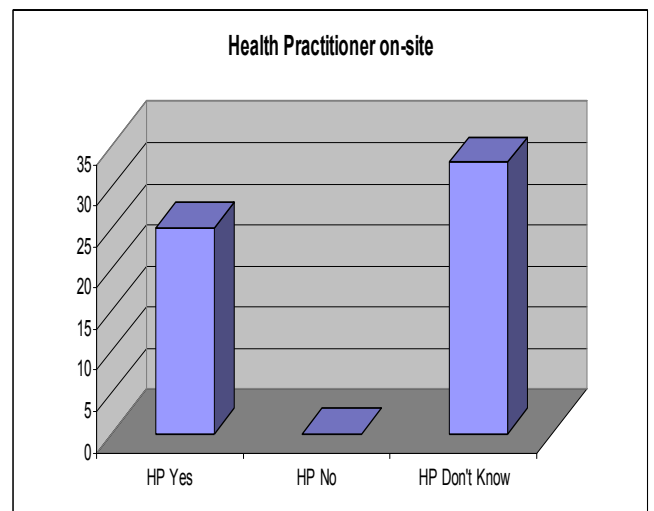
- Basic services such as advice and prescribing contraceptives (level 1 provision)
- More complex services involving treating some sexually transmitted infections and fitting coils and contraceptive implants (level 2 provision)

- Specialist work with sexually transmitted infections (STIs) and highly complex contraception (level 3 provision)
- Don't know



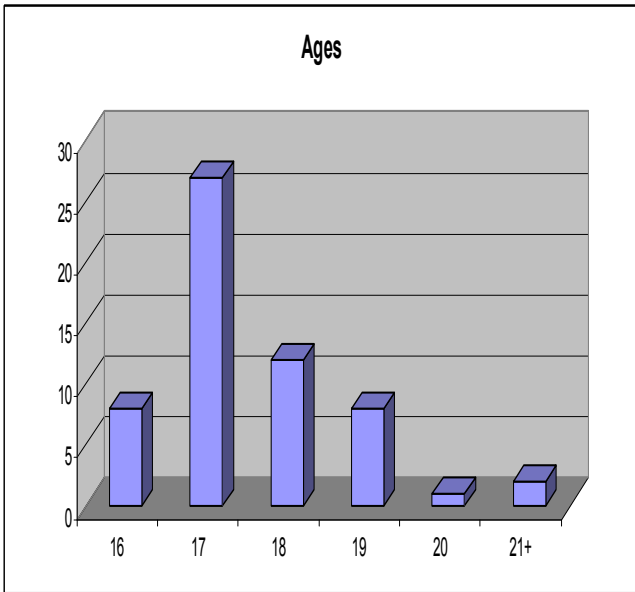
Level 1 Provision: 46.5% Level 2 Provision: 5% Level 3 Provision: 3.4% Don't Know: 45%

Question Four: Does your college/work-based learning provider have a trained health professional on site (eg doctor, nurse)?



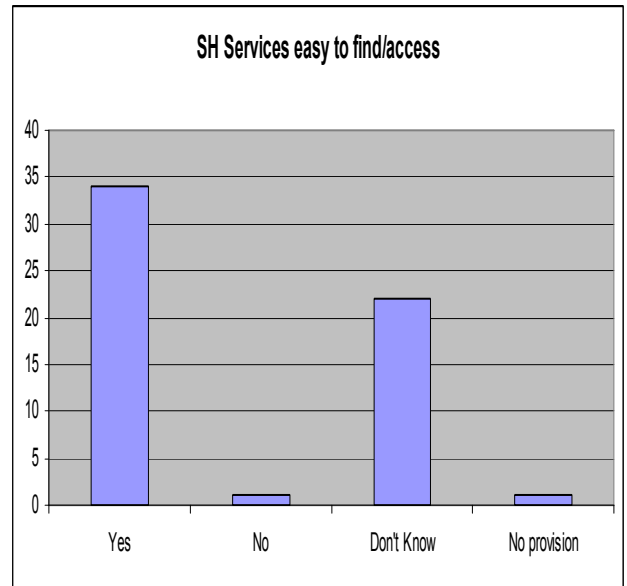
Yes: 43% No: 0% Don't Know: 57%

Question Five: How old are you?



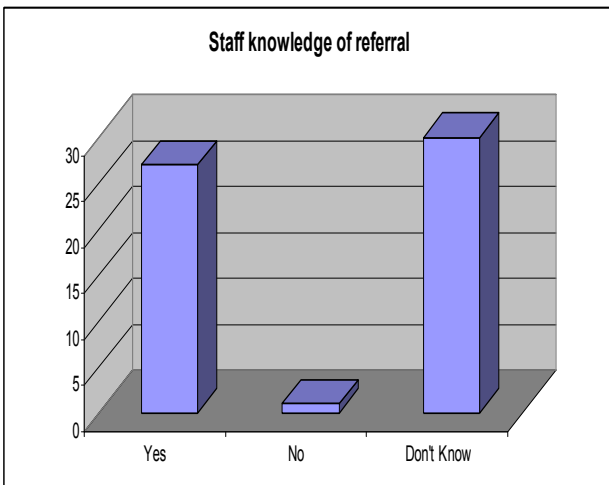
16:13.7% 17: 46.5% 18: 20.6% 19: 13.7%
 20: 1.7% 21+: 3.4%

Question Seven: Is the location of your organisation's sexual health service easy to find and access?



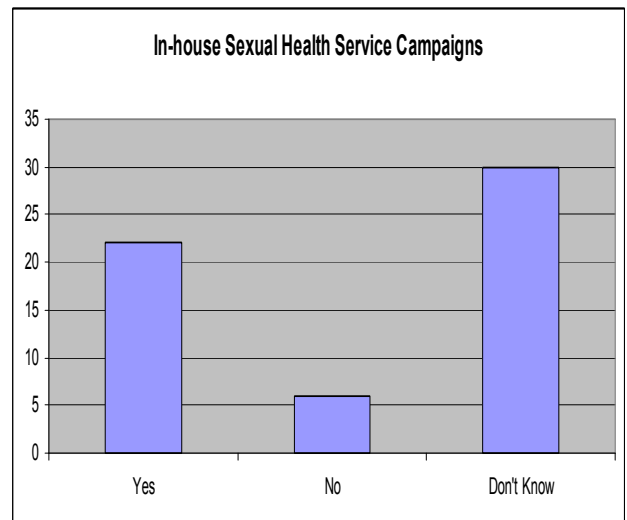
Yes: 58.6% No: 1.7%
 Don't Know: 38% No Provision: 1.7%

Question Six: Do staff members know where to send young people if the organisation cannot provide them with service on-site?



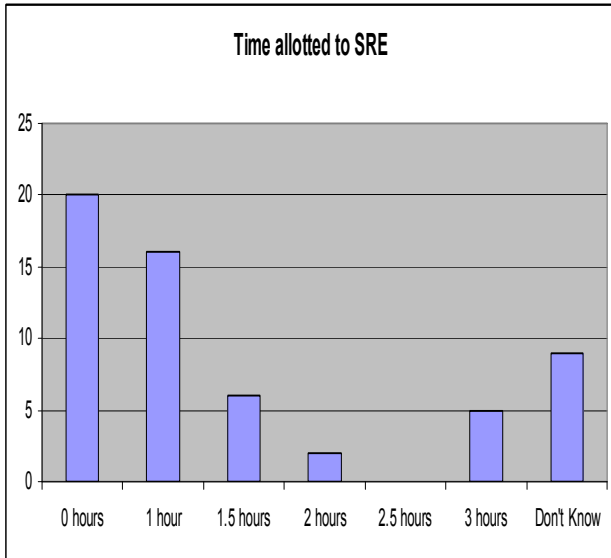
Yes: 46% No: 1% Don't Know: 53%

Question Eight: Does your organisation have campaigns that specifically highlight sexual health services?



Yes: 38% No: 10.3% Don't Know: 51.7%

Question 9: How much time is allocated to Sex and Relationship Education (SRE) within the term or year in lessons/tutorials etc? (Graph shows hours per year)

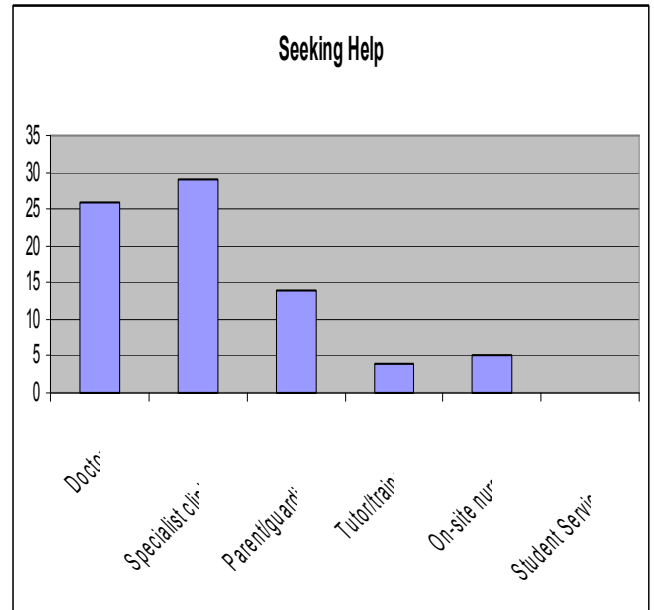


0 hr: 34.4% 1 hr: 27.5% 1.5 hr: 10.3%
 2 hr: 3.4% 2.5 hr: 0% 3 hr: 8.6%
 Don't Know: 15.5%

Question Ten: If you needed help with sexual or relationship issues, would you prefer to seek help from:

- Your doctor
- A specialist clinic
- Your parent/guardian(s)
- A known tutor/trainer/assessor
- A specialist on-site nurse
- Student Services/Apprentice Welfare Officer?

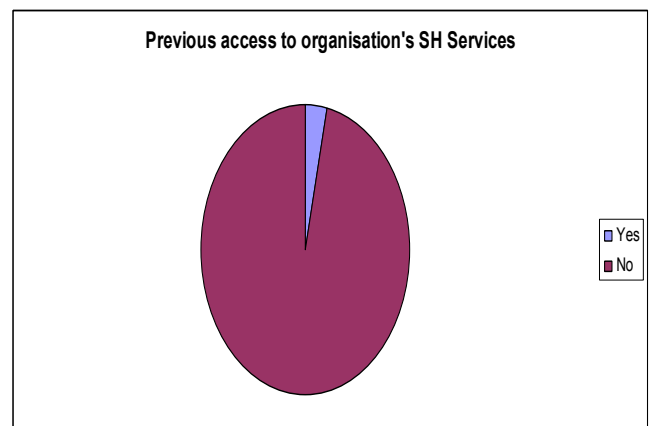
(N.B.the total number of answers exceeds the sample number of 58, as learners were able to circle more than one choice)



Note: % scores are from total number of choices made ie. 78.

Doctor: 33.3%
 Specialist Clinic: 37%
 Parent/Guardian: 17.9%
 Tutor/trainer: 5.1%
 On-site nurse: 6.4%
 Student Services: 0%

Question Eleven: Have you sought help or advice within the learning provider organisation in the past on sexual or relationship issues?



Yes: 3.4% No: 96.6%

Apprentices

The same (written) questionnaire was used at a day-long Forum for Nottinghamshire NHS apprentices. The 49 apprentices also provided verbal feedback on Sexual Health Service provision.

The learning provider does not offer Sexual Health Services to the apprentices; therefore answers relating to Sexual Health provision refer to the provision offered by the employer, ie the NHS.

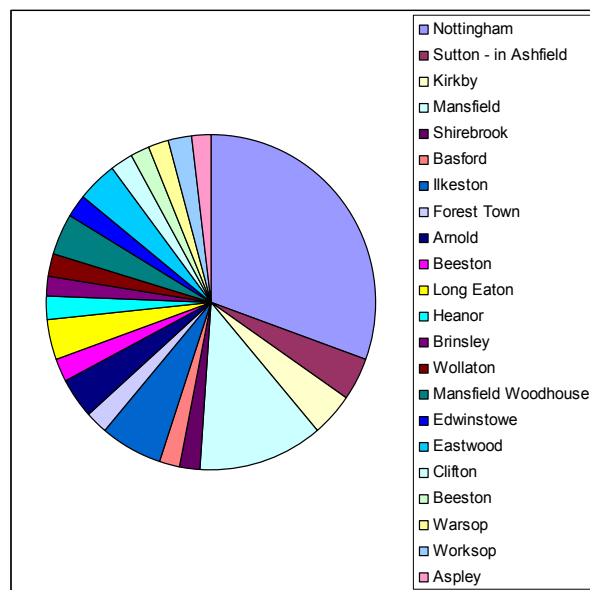
The apprentices attending the Forum were aware that, unlike NHS apprentices, apprentices in other sectors would not have Sexual Health Service provision close at hand. However, some of the group felt that accessing services so closely tied to their NHS working environment could be embarrassing and potentially compromise confidentiality.

A sample group of apprentices voiced the opinion that SRE was not the responsibility of the learning provider and that young people should be personally responsible for their own sexual health.

Question One: How would you describe your organisation?

Answer: Work-based learning provider.

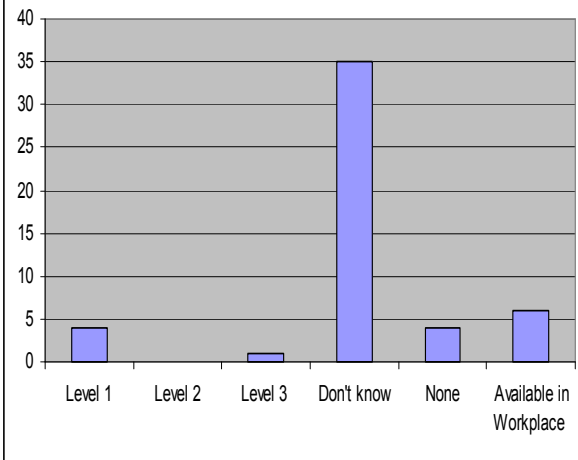
Question Two: Please provide the following details on where you live: (ie town and county)



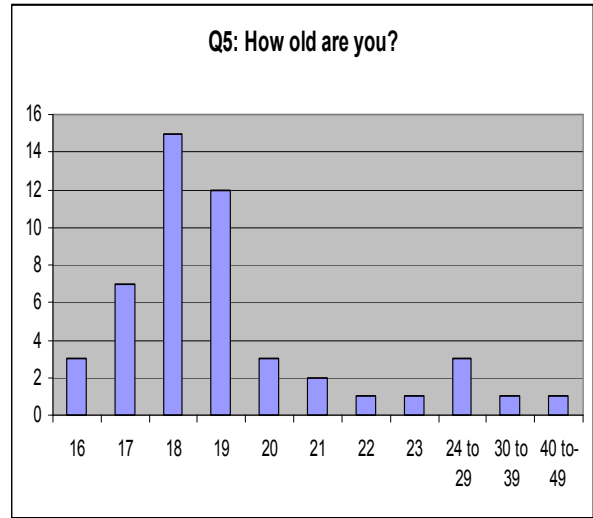
Question Three: Does your college/work-based learning provider have any of the following services?

- Basic services such as advice and prescribing contraceptives (level 1 provision)
- More complex services involving treating some sexually transmitted infections and fitting coils and contraceptive implants (level 2 provision)
- Specialist work with sexually transmitted infections (STIs) and highly complex contraception (level 3 provision)
- Don't know

Question 3: Does your college/work-based learning provider have any of the following services?



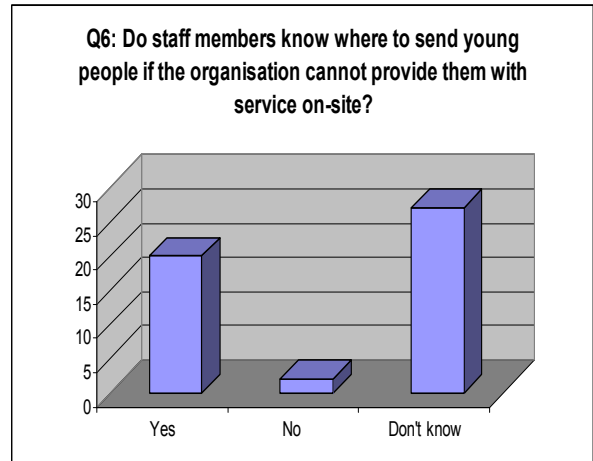
Question Five: How old are you?



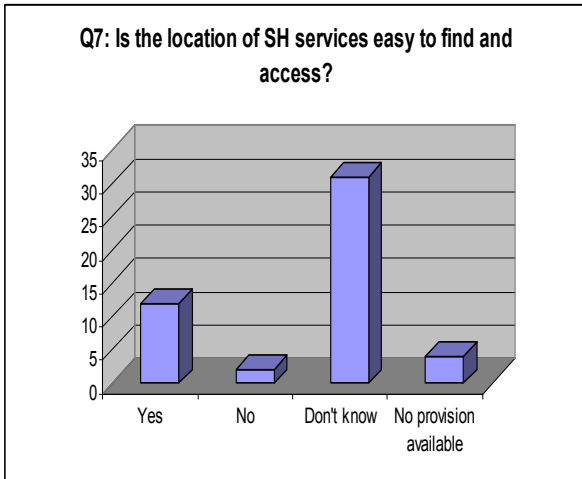
Question Four: Does your college/work-based learning provider have a trained health professional on site (eg doctor, nurse)?



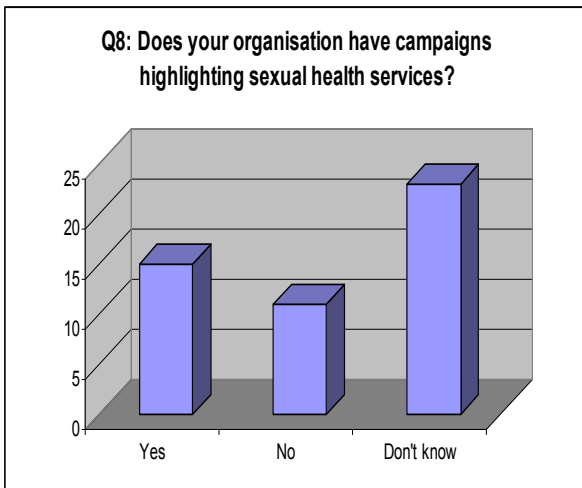
Question Six: Do staff members know where to send young people if the organisation cannot provide them with service on-site?



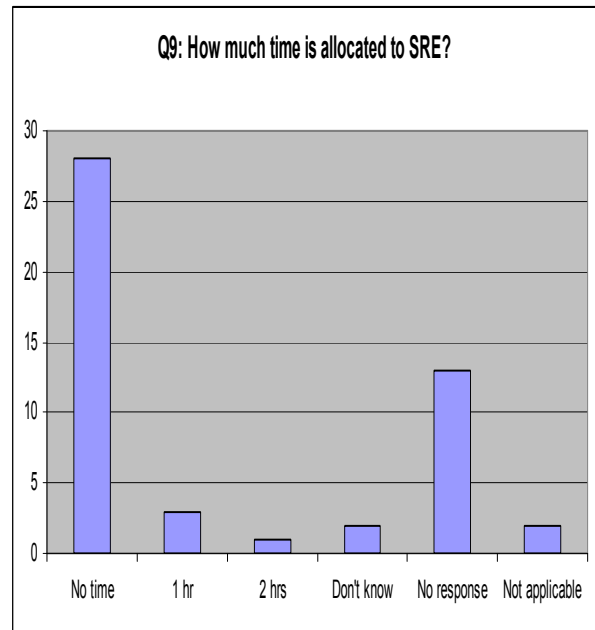
Question Seven: Is the location of your organisation’s sexual health service easy to find and access?



Question Eight: Does your organisation have campaigns that specifically highlight sexual health services?



Question 9: How much time is allocated to Sex and Relationship Education (SRE) within the term or year in lessons/tutorials etc? (graph shows hours per year)



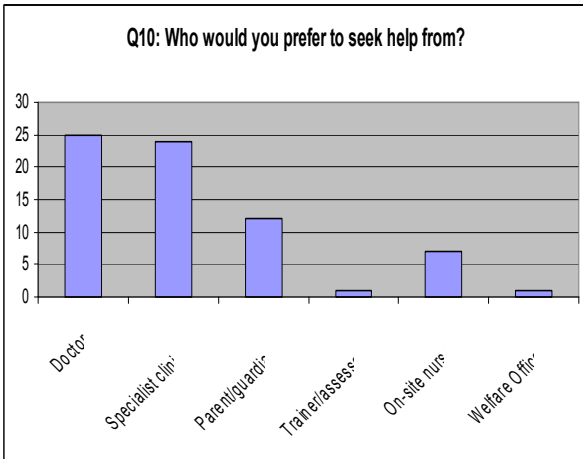
Question Ten: If you needed help with sexual or relationship issues, would you prefer to seek help from:

- Your doctor
- A specialist clinic
- Your parent/guardian(s)
- A known tutor/trainer/assessor
- A specialist on-site nurse
- Student Services/Apprentice Welfare Officer?

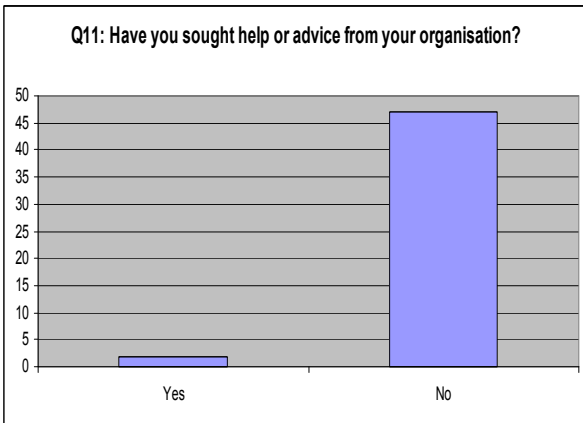
(N.B.the total number of answers exceeds the sample number of 49, as learners were able to circle more than one choice)

Responses:

Doctor	36%
Specialist clinic	35%
Parent/guardian	17%
Trainers/assessors	1.4%
On site nurse	9%
Welfare Officer	1.4%



Question Eleven: Have you sought help or advice within the learning provider organisation in the past on sexual or relationship issues?



The Organisational Perspective

An electronic questionnaire was distributed (using Survey Monkey) to 120 learning provider organisations across the East Midlands. The 120 organisations included General FE Colleges, Specialist FE Colleges, Work-based Learning Providers, Sixth Form Colleges, Adult and Community providers and Voluntary sector providers.

There were 43 responses.

Sexual Health Services Provision - Survey Monkey Questionnaire		
1. How would you describe your organisation? Please tick accordingly.		
Answer Options	%	Num
General FE	50.0%	21
Specialist FE	19.0%	8
Sixth Form College	7.1%	3
School Sixth Form	2.4%	1
Work Based Learning Provider	23.8%	10
Adult and Community Education	4.8%	2
Voluntary Sector Training Provider	2.4%	1
<i>answered question</i>		42
<i>skipped question</i>		1
2. What is the size of the learner population?		
Answer Options	Num	
	42	
<i>answered question</i>	42	
<i>skipped question</i>	1	

3. What area(s) are the learners drawn from?		
Answer Options	Num	
	42	
<i>answered question</i>	42	
<i>skipped question</i>	1	
4. What level of service does your organisation provide?		
Answer Options	%	Num
Level 1. Basic services such as advice sexual history taking and prescribing contraceptives. These can be carried out in most locations.	78.4%	29
Level 2. More complex services involving treating some sexually transmitted infections and fitting coils and contraceptive implants.	18.9%	7
Level 3. Specialist work with sexually transmitted infections (STIs) and highly complex contraception.	2.7%	1
	<i>answered question</i> 37	
	<i>skipped question</i> 6	
5. Do you have a dedicated health professional on site?		
Answer	Num	

Options		
	43	
<i>answered question</i>	43	
<i>skipped question</i>	0	
6. How many hours/days are they available?		
Answer Options	Num	
	33	
<i>answered question</i>	33	
<i>skipped question</i>	10	
7. Do all staff members know where to send young people if no services available on-site?		
Answer Options	Num	
	43	
<i>answered question</i>	43	
<i>skipped question</i>	0	
8. Is there a set of written guidelines for staff responsible for giving sexual health information to students?		
Answer Options	Num	
	43	
<i>answered question</i>	43	
<i>skipped question</i>	0	
9. What sexual health resources does your organisation have available for staff to use?		
Answer	Num	

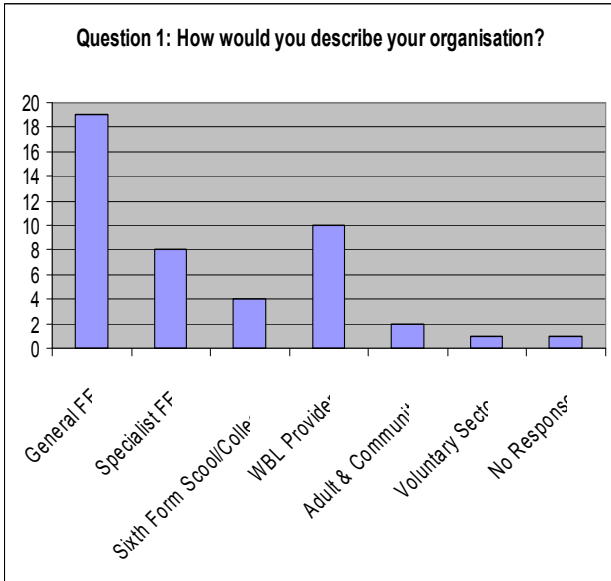
Options		
	42	
<i>answered question</i>	42	
<i>skipped question</i>	1	
10. Is the location of your organisation's sexual health service easy to find/access?		
Answer Options	Num	
	41	
<i>answered question</i>	41	
<i>skipped question</i>	2	
11. Does your organisation have sufficient capacity to meet demands for the setrvices provided?		
Answer Options	Num	
	40	
<i>answered question</i>	40	
<i>skipped question</i>	3	
12. Does your organisation specifically highlight sexual health campaigns?		
Answer Options	Num	
	42	
<i>answered question</i>	42	
<i>skipped question</i>	1	
13. Is data on students accessing services collected?		
Answer Options	Num	
	42	

<i>answered question</i>	42	
<i>skipped question</i>	1	
14. How much time is allocated to Sex and Relationship Education in an academic term/year?		
Answer Options	Num	
	41	
<i>answered question</i>	41	
<i>skipped question</i>	2	
15. How is SRE delivery evaluated in your organisation?		
Answer Options	Num	
	39	
<i>answered question</i>	39	
<i>skipped question</i>	4	
16. Thank you for completing this questionnaire. Do you have any further comments?		
Answer Options	Num	
	16	
<i>answered question</i>	16	
<i>skipped question</i>	27	

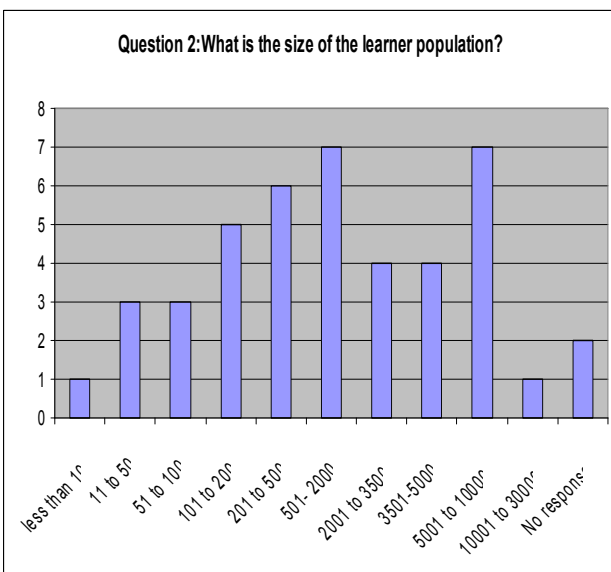
The Survey Results

The results of Question 1 identify the types of organisations the sample was drawn from:

Question One: How would you describe your organisation?



Question Two: What is the size of the learner population?

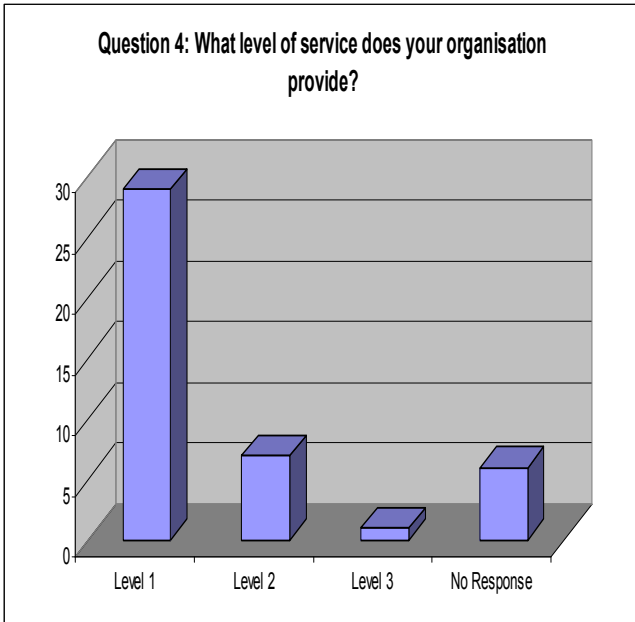


Question Three: What area(s) are the learners drawn from?

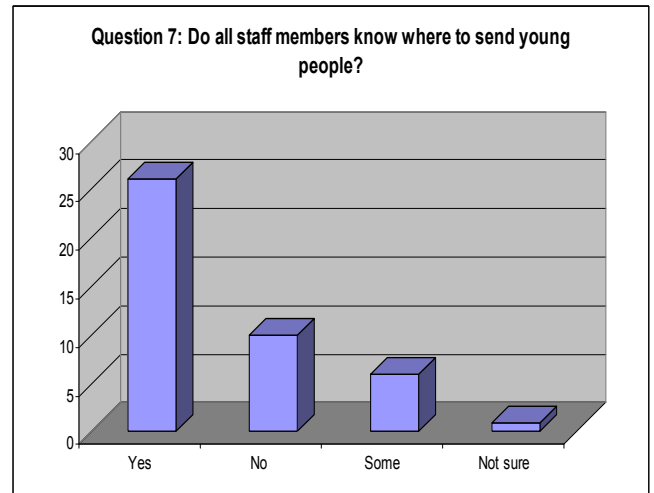
Nottingham City	Ashfield
Nottinghamshire	Mansfield
Lincolnshire	Ilkeston
Leicester City	Stapleford
Leicestershire	Chesterfield
Derby City	Grantham
Derbyshire	Sleaford
Rutland	East Midlands
Northamptonshire	England
South Yorkshire	UK
Bassetlaw	National
Broxtowe	International

Question Four: What level of service does your organisation provide?

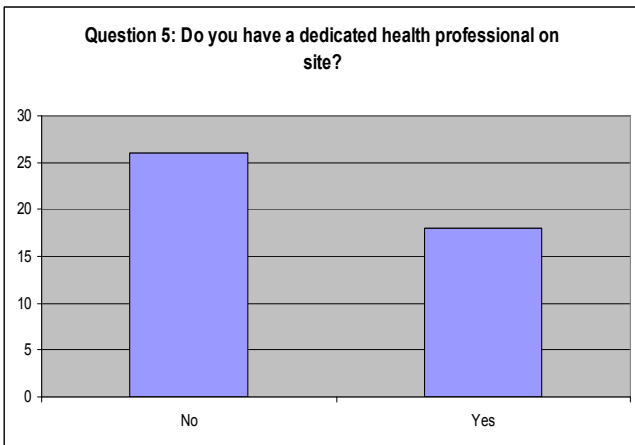
- Level 1: Basic services such as advice, prescribing contraceptives
- Level 2: More complex services involving treating some sexually transmitted infections and fitting coils and contraceptive implants
- Level 3: Specialist work with sexually transmitted infections (STIs) and highly complex contraception
- Don't know



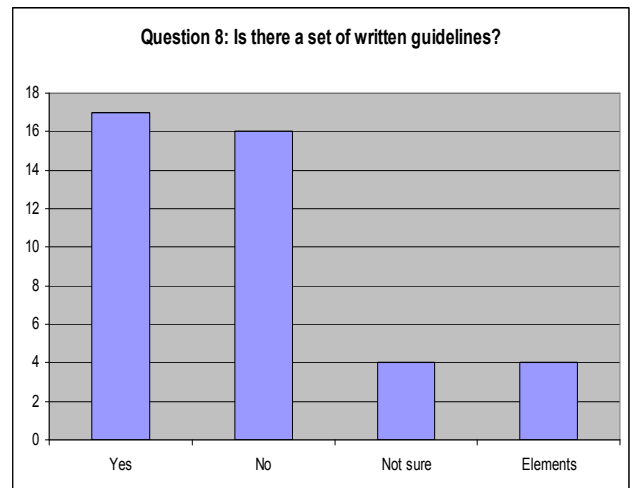
Question Seven: Do all staff members know where to send young people if there are no sexual health services on site?



Question 5: Do you have a dedicated health professional on site?



Question Eight: Is there a set of written guidelines for staff responsible for giving sexual health information to students?



Question Six: How many hours per week is the health professional available?

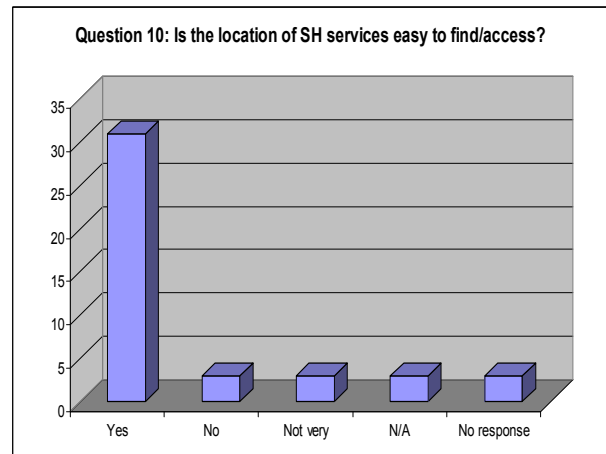
1hr	2hrs	3hrs	6hrs	7hrs
1	1	4	1	1
8hrs	14hrs	21hrs	35+hrs	N/A
1	2	1	8	22

Question Nine: What sexual health resources does your organisation currently have for staff to use?

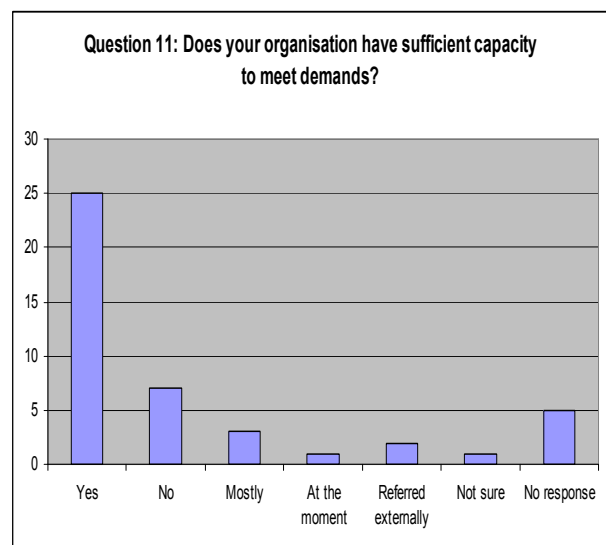
Contraception kits, Chlamydia screens, leaflets
C-card kit, condoms, access to PCT, Chlamydia testing, Powerpoints on STIs and contraception, Talkchoice
Curriculum books, DVDs, body-parts models
C-card
Leaflets, internet, contraception kit
Tutorial resources
Books, leaflets, literature
Resource centre
Medical rooms
Information leaflets
DVDs, condom demonstration, photos
Resources, information and guidance
Offer of group tutorials, resources
C-card services, condom training model with UV lamp/fluid
Red Box Chlamydia tests, information leaflets, condom demonstrations
Hard copy tutorial materials and on-line through VLE
None
Sexual Health tutorials, resources on intranet
CASH, C-card
Not sure
Drop-in tutorials, Red Box information/leaflets
Flyers
None
C-Card, referrals to Occupational Health Nurse
Pregnancy tests
None
Leaflets, information worker delivering SRE, mini screens supporting information, advice and health promotion
Tutorial packs
Sexual Health training resources (bought in)
Red Box resources, condom demonstration kits, FPA materials
SRE Education policy and guidelines accessible by all staff

DVD, cards, condom demonstrator
PCT local health service
Internet
Posters, videos, leaflets, contraception demonstrations, books, models, educational materials
Red-box, private room, contraceptives

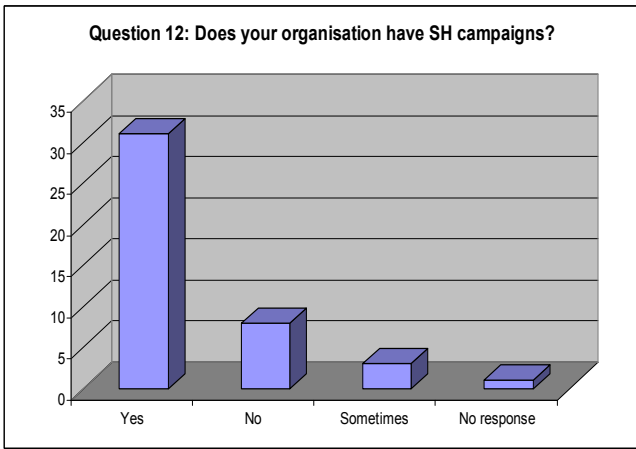
Question Ten: Is the location of your organisation's sexual health service easy to find/access?



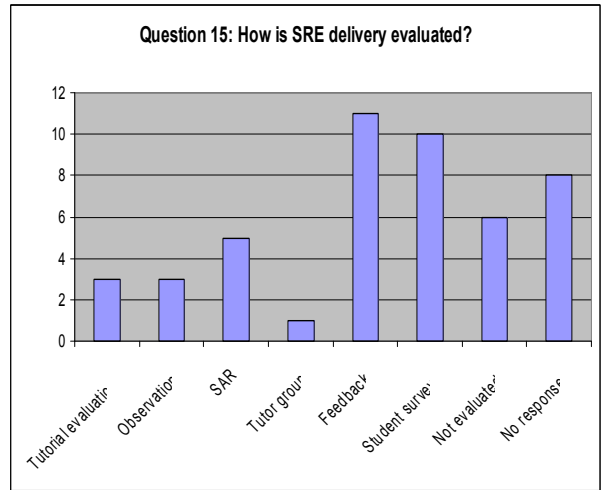
Question Eleven: Does your organisation have sufficient capacity to meet demands?



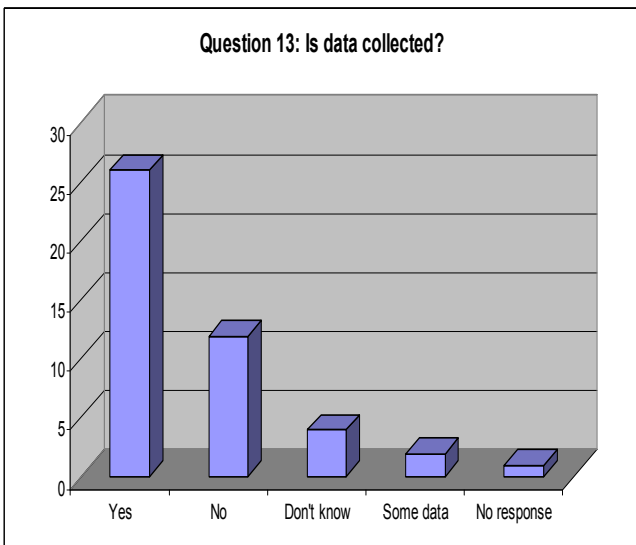
Question Twelve: Does your organisation specifically highlight Sexual Health campaigns?



Question Fifteen: How is SRE delivery evaluated?



Question Thirteen: Is data on students accessing sexual health services collected?



Question 14: How much time is allocated to SRE per term/year?

Answers are based on hours per term.

0 hrs	1 hr	2 hrs	3 hrs	5 hrs	6 hrs
4	7	2	7	2	3
9 hrs	18 hrs	60 hrs	Don't know	Tutor choice	No resp
	0	1	2	7	5

Observations

The written questionnaire, delivered to learners and apprentices face-to-face, drew responses from two 'audiences'; one was a Further Education College; the other was an NHS work-based learning provision. The questions elicited responses based on the perceptions of learners around sexual health service provision, rather than ascertaining actual provision.

The FE College

In the FE College, learners were mainly 16, 17 and 18 years of age, only 18.8% were 19 years plus.

A slim majority of learners adjudged the sexual health service provision within the college to be Level 1 (basic services such as advice and prescribing contraceptives); however, 45% of learners did not know what level of provision was on offer.

57% of the learners did not know whether there was a health professional on site. 53% were unaware if college staff would know where to send young people if services were not provided on site; however 46% thought staff were aware.

58.6% of learners thought their organisation's sexual health services were easy to find and access, only 1.7% thought there was no provision at all. Whilst 38% of the learners were aware of in-house sexual health campaigns, 51.7% did not know if the organisation had campaigns.

Perceptions of time allotted to SRE in a year were also disappointing. In a free writing answer, 34.4% said there was no SRE provision, 27.5% thought it was 1 hour per year and 15.5% did not know. Only 8.6% thought it was 3 hours per year.

Question 10 asked the learners where they would go to seek help with sexual or relationship issues. As each learner could choose more than one category, percentage scores were from the total number of choices made (78).

The choices made were as follows:

Doctor:	33.3%
Specialist Clinic:	37%
Parent/Guardian:	17.9%
Tutor/trainer:	5.1%
On-site nurse:	6.4%
Student Services:	0%

The majority of learners (96.6%) had not sought help on sexual health or relationship issues from the college.

The work-based learning provider

The work-based learning provider sample was drawn from NHS apprentices in the Nottinghamshire area. 30% of the sample was made up of 18 year old apprentices; the age range in the total sample was 16 to 49 years.

As the learning provider does not offer sexual health services to the apprentices, answers to the questions relating to sexual health provision tend to refer to the provision offered by the employer (ie the NHS).

71% of the learners did not know if the learning provider had any sexual health provision. This answer could reflect the fact that the learners were based (individually) at NHS establishments throughout Nottinghamshire, rather than collectively at one establishment.

The question relating to having a health professional on site produced a positive answer of 61% - however- verbal feedback from the apprentices to check the basis of the response revealed that most had responded positively as they were employed on NHS sites staffed by health professionals.

The questions relating to staff knowing where to send young people if no health professionals were on site, and whether sexual health services at the learning provider were easily accessible, were not really applicable to the apprentices, subsequently, the majority gave a 'Don't Know' answer.

The amount of time devoted to SRE produced a mixed response; 55% responded that there was no SRE provision, 6.1% thought there was one hour per year, a few thought 2 hours per year. 26% did not respond and 4% thought the question was not applicable.

Responses to the question relating to preferences for seeking help were similar to the College response ie. the majority of the young people would prefer to seek help from a doctor or specialist clinic.

As each apprentice could choose more than one category, percentage scores are from the total number of choices made (69).

The choices made were as follows:

Doctor	36%
Specialist Clinic	35%
Parent/guardian	17%
Trainer/assessor	1.4%
On site nurse	9%
Welfare Officer	1.4%

98% of the apprentices had not sought help or advice on sexual health or relationship issues from the provider organisation.

The provider questionnaire

The provider questionnaire (Survey Monkey) was distributed to 120 learning provider organisations across the East Midlands, including General FE Colleges, Specialist FE Colleges, Work-based learning providers, Sixth Form Colleges, Adult and Community providers and Voluntary Sector providers. There were 43 responses and the majority were from General FE Colleges.

Learner populations in the responsive organisations from across the East Midlands ranged from 10 to over 10,000. The responses showed that the majority of organisations offered Level 1 sexual health service provision. Only 4.6% offered level 3 provision and 12% did not respond, which could suggest that (a) they did not know whether provision was available or not or (b) there was no provision at all.

41% had a health professional on site and interestingly, the hours spent on site varied significantly. In response to this question, 51% chose 'Not Applicable', suggesting no health professional on site, and the remainder showed a spread of 1 to 35 hours attendance per week. 18% of organisations had a health professional on site for 35 hours or more.

The majority of the responders thought that staff knew where to send young if the organisation had no health professional on site (58%), 19% thought staff did not know where to direct learners and 11% thought that only some staff were aware.

40% of organisations had written guidelines for staff responsible for giving sexual health information to students; however 37% had no written guidelines, 9% were unsure, the remainder did not respond.

The list of sexual health resources for staff use was extensive and varied, but not quantified (free writing). 70% of staff responding to the questionnaire thought the organisation's sexual health service was easy to find and to access and 58% felt their organisation had sufficient capacity to meet demand. A similar proportion stated that their organisation specifically highlighted sexual health campaigns.

In response to the question relating to SRE delivery (per term), 9.3% of the sample had no SRE delivery and 12% did not respond. Interesting, 16% had 1 hour per term delivery, a further 16% had 3 hours, and 16% chose 'tutor choice' which would indicate that SRE delivery is discretionary.

In response to the question on evaluating SRE delivery, most organisations stated that this was carried out using learner feedback and student surveys. However, 13% of the responding organisations did not carry out evaluations at all.

Conclusions

The increasing prevalence of STIs in the UK, particularly amongst young people (16-19 years) has been of major concern to the government and health professionals. The potential consequences of STIs, including infertility and cervical cancer; coupled with the highest teenage pregnancy rate in the European Union impacts on society and highlights the need for sexual health education for teenagers.

Statistical data from primary care or GU (genitor-urinary) clinics relating to STIs is not only worrying due to the large number of young people included in the tally; what is of greater concern is the potential number of those who remain unrecorded or undetected.

Government research concludes that the rise in STIs is linked to changes in sexual behaviour. The age at which teenagers become sexually active is lower, teenagers are likely to change partners more frequently, and contraceptive use is inconsistent. The research also concluded that young people have difficulty accessing sexual health services; and if they do, are less likely to return for follow-up treatment or adhere to treatment plans.

Various government initiatives have aimed to combat these worrying trends. The Teenage Pregnancy Strategy (TPS) was launched in 1999 and was implemented at local and regional levels. It aimed to halve the under-18 conception rate by 2010. The National Strategy for Sexual Health and HIV was launched in 2001 and aimed to reduce HIV and gonorrhoea infections by 2007. Both initiatives supported a range of other initiatives to change the patterns of sexual behaviour in young people through education and public awareness; improve access to sexual health services; and offer screening for hidden infections.

In order to change sexual behaviour, government initiatives focused on personal, rather than social factors. Social factors such as family disruption and low parental socio-economic status cannot easily be changed, but by tackling the personal factors, greater influence can be achieved. These personal factors include the provision of accurate sexual knowledge and better skills and awareness, including practical and communication skills.

Sex and Relationship Education (SRE) in schools and colleges is currently non-statutory and the quality of delivery (if it is delivered at all) is variable. SRE is generally placed in Personal, Health and Social Education (PHSE) to develop young people's values and attitudes to sex and personal skills, such as assertiveness. The negative influence of peer groups on sexual behaviour has been counteracted in a number of institutions through Peer Mentoring programmes. These programmes have proved to be effective provided peer mentors are well trained.

Government research also concluded that many young people perceive sexual health services as judgemental and unfriendly. Many sexual health staff do not understand the values and attitudes of young people and consequently, young people are reluctant to access services. The Government White Paper 'Our Health, Our Care, Our Say' identifies how NHS and social care services can work together and recommends the delivery of these services is adapted to provide health and social care services within local communities. The White Paper suggests a commitment to offer health services in easily accessible locations for those more at risk of poor health outcomes. A learning provider organisation, where the holistic needs of young people are paramount, is an ideal environment to offer support, advice, non-judgmental and confidential sexual health services. It is also in the providers' interests to secure a healthy, well balanced learner population.

The Operating Framework for the NHS in England 2010/11 identifies the level of teenage pregnancy as a key challenge. It highlights the impact of social exclusion and health inequalities as limiting young people's chances to fulfil their potential. It advocates 'well-publicised, accessible and high quality contraception and sexual health services' to reduce teenage pregnancies and states that additional funding has been made available to expand these services. The importance of partnership working and up-skilling frontline staff to comfortably address sexual health issues is also recommended.

Initiatives within colleges and schools have been reliant on Strategic Health Authorities or Primary Care Trusts for the provision of funding and qualified health professionals in order to deliver Sexual Health Services. The dissolution of the SHAs and changes to the structure and commissioning roles of PCTs may have a negative impact on current services in the education system. SRE will potentially remain unaffected, except in instances where it is delivered by qualified health professionals.

However, current good practice does not spread across the entire post-16 further education sector. Many small work-based learning providers are affected by sexual health issues, such as unplanned pregnancy, which impacts on retention and achievement. Such organisations have no classroom based provision for the delivery of SRE, nor do they have suitably qualified staff or health professionals to deliver services or training, or indeed premises where confidential services could be delivered. Up-skilling the staff in order to enable them to signpost young people to the appropriate agencies and making promotional material available to learners/apprentices during Induction or trainer contact time, would provide a measure of support which is all too often lacking.

Sexual Health Services within provider organisations falls into two categories:- programme based SRE provision and confidential services such as advice,

contraceptive prescription and STI testing. Confidential services in the provider environment also help to overcome the reluctance of young people to access services in their local area – many young people fear confidentiality will be breached if local primary care is accessed and know that some GPs insist on parental presence/knowledge for young patients.

Whilst this research addresses the views of young people, it is important to remember that the questionnaire probed learner *perceptions* of sexual health services rather than the *actual* provision of an organisation. However, these perceptions are important for providers in terms of planning SRE provision, promoting services and raising the profile of personal and social well-being in terms of sexual health.

In conversation with the young people in the sample, it was interesting to note that relationships and personal skills were not included in the perception of SRE or services; indeed the young people's perceptions of sexual health services were entirely linked to STIs and contraception.

It is evident that despite the hard work of learning organisations to provide sexual health services, some learners are totally unaware of what is available. It may be that until the service is needed, young people overlook what is clearly on offer, or that the message has failed to reach some (not all) learners.

Conversations with the sample groups in the FE College showed that those learners who had been in receipt of Sex and Relationship Education (SRE) during tutorials were more au fait with the level and type of provision than groups who had received no SRE. An introduction to the college's Sexual Health Services' provision during Induction had clearly made little impact; either as a result of information overload, nervousness in unfamiliar territory, or from lack of reinforcement.

Although Question 3 of the written questionnaire asked about the level of sexual health services available on site and the majority (45%) indicated they did not know, the learners may have been aware a service existed. However, over half of the group (57%) did not know if there was a health professional on site. On a positive note, 46% of the sample thought that staff would know where to direct them if necessary and most thought the services were easy to access. In terms of SRE provision the results were disappointing – 34% said there was no SRE provision at all – one particular cohort had received no SRE in their first year. Tutors reported a waiting list to book trained SRE delivery staff during tutorial time.

Conversations with the apprentices painted another picture - there was a decidedly different attitude to sexual health and the provision of services. Many of the apprentices felt that such provision was not the responsibility of the employer or the learning provider and it was up to everyone over 16 to take responsibility and seek help via the appropriate agencies.

Despite the fact that the apprentices worked for the NHS, many thought that seeking help at their own workplace would be embarrassing and could, potentially, lead to rumours or gossip if they were spotted by colleagues. A total of 71% said they would go to their own doctor or a specialist clinic if they needed help. Interestingly, 70% of college learners made the same choices, irrespective of the services available in college.

The questionnaire to further education providers showed that 65% offered level 1 provision of sexual health services. However, 44% of the sample was made up of further education colleges, perhaps with more scope to offer services. Encouragingly, 41% had access to a health professional on site (variable hours). More than half felt staff knew where to direct young people for sexual health services, which echoed the perceptions of the young people in the sample.

The perception of SRE delivery differed from the young people's perceptions. 21% said there was no SRE delivery or did not respond, however, the remaining 63% thought that SRE was delivered for 1, 2 or 3 hours per term (the learners' perception was per annum) and 16% selected tutor choice, suggesting discretionary rather than prescribed delivery. Encouragingly, most organisations carried out evaluations of SRE delivery via learner feedback/surveys, however, the questionnaire did not elicit information on how the evaluations were used to improve the quality of delivery or services.

Recommendations

- Increase information on in-house provision to raise awareness
- Increase the number of promotions and campaigns
- Target information – leaflets and posters in toilets, communal areas and information in Handbooks
- Reinforce information given at Induction with follow-up
- Ensure learners know there is a health professional on site via leaflets and posters in communal areas
- Factor SRE into programme planning, ensuring it is delivered each term, rather than at tutor discretion
- Ensure there are sufficient staff with appropriate training to deliver SRE
- Ensure all staff know where to direct young people on site or off site
- Ensure SRE delivery becomes part of the business strategy to aid retention and achievement
- Provide written Guidelines for all staff
- Up-skill staff via CPD, training on values and attitudes of the young to ensure non-judgemental support
- Evaluate SRE delivery and use it to inform Self-Assessment Report and future planning
- Buy, or access good written resources to aid delivery
- Ask for advice from health professionals/PCT to ensure the

organisation develops supportive strategies

- Access free resources where possible
- Ensure learners know that support is non-judgemental and confidential.

References

Parliamentary Office of Science and Technology 'postnote' Teenage Sexual Health, Number 217, April 2004

The Operating Framework for the NHS in England 2010/11 (Children and Young People 2.29/2.30)

