

Going All the Way

Further Education Sexual Health Needs Assessment

Volume One: Key Findings, Conclusions & Recommendations

A Research Report to the London Sexual Health Programme Board

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July 2009



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ACKNOWLEDGEMENTS

We would like to acknowledge the support provided by Hong Tan and the stakeholders who contributed to this research during the iterative process.

We would like to thank the stake-holders in colleges, primary care trusts and other bodies that contributed to the development of this report.

Most importantly we would like to thank the young people who participated in events and interviews for the time they have given to this research.

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1 CONCLUSIONS & RECOMMENDATIONS

1.1 OVERVIEW

In preparing this report it is clear that the sexual health of young people in London is poor in relation to the rest of the country and that improvements are, at best slow, and in some cases moving backwards. In spite of strenuous efforts teenage pregnancy rates remain higher than most other parts of the country and the rest of Europe with the rate of decline below trajectory in most parts of London whilst diagnoses of most STIs continue to rise. Other factors impacting upon poor sexual health continue to impact disproportionately on young Londoners, from income deprivation to high incidences of drug and alcohol misuse.

London is a relatively young city with proportionally more young people than elsewhere in the UK yet the experience of services by young people is often less than satisfactory. Whilst many commissioners have sought to plan and fund sexual health services targeted at young people and some providers have developed services to meet their needs there is no systematic approach to meeting needs and improving young people's satisfaction with services and improving their clinical outcomes.

More than two fifths of young people at 16 years of age are attending FE colleges or sixth form colleges and most young people would be keen to receive sexual health services in these settings. This provides an exciting opportunity to provide services where they are wanted and most likely to be used by a substantial number of young people, including many in groups at high risk of poor sexual health. Although there are a range of good practice examples, provision across London is extremely patchy. Even where services are provided the experience of young people is not a universally happy one: young people can be concerned about stigma and confidentiality of present arrangements, complain that at times access to condoms is restricted or, for those that lesbian, gay or bisexual¹, services are at best heterosexist and at worst homophobic.

From our interviews and discussions with young Londoner it is clear that they are concerned with their sexual health and wish to be supported in making informed choices

¹ Within this research it was clear from discussions with young people that FE settings provided a space in which they could explore their *sexual* identity. We did not speak to young people who identified themselves as transgender and therefore have excluded conclusions on the potential for FE Colleges to provide a space where young people may explore their (trans)gender identity.

with easy access to appropriate services. It should be stressed that young people do not see their sexual health in isolation, but as a key component of their overall health and well-being, as such improvements in this area will contribute to positive improvements in across the Every Child Matters outcome framework.

In this section of the report we provide a series of conclusions and recommendations for further action. These build upon the evidence base captured in this research and are designed to be consistent with emerging trends in both the health and further education sectors². We seek to build upon the best practice identified in London and beyond and, most importantly, respond to the views and comments expressed by young people themselves.

We suggest that these findings within the current policy context provides an opportunity for the NHS and its partners in local government and the FE sector to make a step change in the provision of effective services to this large cohort of young people: raising satisfaction, improving outcomes and saving money.

Whilst the recommendations in this report are aimed at benefiting students in FE colleges and sixth form settings it is important to note the concerns raised by many stake-holders. In particular this research did not look in detail at those students with specific needs such as those with physical disabilities or learning difficulties. Similarly, commissioners should note that services delivered through these settings will not be of benefit to the young people who are not in employment, education or training (NEETs) and whilst their numbers are relatively small their needs are great³. Further work is needed to identify the needs of these young people who may be at even greater risk of poor sexual health.

The second volume of this report provides considerable detail on the position in each borough/PCT area. This includes a qualitative assessment based on a "deep dive" into a representative sample of boroughs and the collation of statistical and other evidence from all other PCT areas.

² In particular, many of these themes are also reflected in the Statutory Guidance issued by the DfES and DH, *Improving Access to Sexual Health Services for Young People in Further Education Settings* (2007). We have also sought to reflect the Independent Advisory Group on Sexual Health's Review of Review of the National Strategy for Sexual Health and HIV. *Progress and priorities - working together for high quality sexual health*.

³ At the time of writing the proportion of NEETs in this age group in London was 5.8%.

1.2 TOP LINE RECOMMENDATIONS

This report provides more than 20 detailed recommendations. We have summarised these as the following top line recommendations:

1 The need for strategic leadership & direction

This includes recommendations for sexual health strategy jointly owned by the Mayor and the NHS (R1), a framework for planning and implementation (R2 7 3), and governance and accountability (R4).

2 The need for enablers

This includes standards (R5) IT (R6 & R13) workforce (R18) and capital (R11).

3 The need for local leadership

This includes local priorities (R8) networks and partnerships (R9) joint work (R10, 11, 12 & 13) targeted needs assessments (R16) and comprehensive service specification (R19).

4 The need for targeted investment

This includes addressing the financial context (R14), promoting innovation (R21) and sharing learning (R15).

5 The need to meet special needs

This includes the recognition that this research did not look at students with special needs or those outside the FE sector (R17).

6 The need to operate at all times within the principle of young people's participation and engagement (R7 & R20).

1.3 TABLE OF RECOMMENDATIONS BY TARGET AUDIENCE

In this section we provide a brief table of recommendations by target audience. The full recommendations corresponding to the numbers in the table can be found in the following section.

Target Audience	Recommendation Number
NHS London	1, 2, 3, 4, 18
Mayor of London	1, 4
London Health Commission	1, 4
London Sexual Health Programme	5, 6, 15, 18, 21
PCT	5, 6, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22
FE College Sector	5, 6, 9, 10, 11, 12, 13, 18, 22
Clinicians and other professionals	5, 6
Young People	7, 16, 17, 20
Individual Boroughs	8
Government Office for London (GOL)	1, 8, 15, 18 21

1.4 THE REGIONAL CHALLENGE

1.4.1 PARTNERSHIPS TO DELIVER

The challenge of ensuring good sexual health for FE college students is not one that can be addressed by a single agency but through partnerships at a regional, sub-regional and local level and between the NHS, local authorities, the FE college sector and other community stake holders.

Whilst each sector must respond to different policy objectives outcomes from effective sexual health services in FE college settings will support both PCTs to meet their targets and for FE colleges to improve their scores within the Ofsted framework.

At a regional level NHS London has commenced work to refresh its sexual health framework. The Mayor of London's strong commitment to addressing the health needs of young people provide an opportunity to develop a shared vision for sexual health services in FE college settings. The Government Office for London is the agency responsible for performance managing Children's Trusts and Local Authorities in respect of N112 the national indicator for Teenage Pregnancy.

- R1 We recommend that the work to refresh the London sexual health framework should be jointly owned by NHS London, the Mayor of London and the Government Office for London. It should include a section on meeting the needs of young people in further education. This should include aspirations in relation to improving:
- Access to advice and counselling with the physical and emotional transition to adulthood Including
 - Making informed choices about when and when not to participate in sexual activity or relationships
 - Establishing a sexual identity, including a lesbian, gay or bisexual identity and tackling homophobic bullying
 - Information on safer sex and risk reduction in relation to HIV, STIs and pregnancy
 - Access to full contraceptive services
 - Access to termination services
 - Access to screening, diagnostic and treatment services for STIs and HIV

Alongside setting this framework NHS London has a role in both supporting its delivery and in ensuring that individual PCTs are meeting its aspirations.

- R2 NHS London should ensure that resources are directed to support the development of individual PCTs plans for sexual health services in FE settings through the London Sexual Health Programme.

For the young people participating in this research, more than half were not attending institutions in their home borough, but in neighbouring boroughs. This presents a challenge to commissioners in individual PCTs and points towards the need for collaborative commissioning between PCTs. The new sector arrangements in London for acute sector commissioning may provide one vehicle for exploring these arrangements, however, it should be noted that “student flows” between boroughs differ considerably from patient flows between PCTs and consideration of other mechanisms may be appropriate⁴.

⁴ For example, students attending FE institutions in Croydon (within the SW London Acute commissioning sector are more likely to come from the neighbouring boroughs of Lambeth or Bromley (both in the SE sector) than from other SW London boroughs.

R3 NHS London's annual review of individual PCTs' Commissioning Strategy Plans should include consideration of the degree to which these plans meet the aspirations in the refreshed sexual health strategy both in terms of services planned and in terms of partnerships established. This should also include consideration of collaborative commissioning arrangements that reflect the student flow between boroughs.

The Government Office of London should also consider ways in which their scrutiny of Local Strategic Plans could reinforce this work. Similarly, as part of their assessment of the depth and effectiveness of local partnerships between PCTs and local authorities the Care Quality Commission may wish to consider using sexual health services for young people as a particular area for examination.

1.4.2 STRATEGIC LEADERSHIP

Fundamental to the success of delivering against this strategy is the establishment of strong strategic leadership. The Director of Public Health at NHS London is perhaps in a unique position to provide this as a result of his various accountabilities both within the NHS, in his role as the Regional Director of Public Health at the Government Office for London, in his role as the Mayor's statutory adviser on health and as deputy Chairman of the London Health Commission.

R4 The Director of Public Health at NHS London should provide an Annual Report to both the Mayor of London through the London Health Commission and NHS London on the implementation of the wider sexual health strategy with particular reference to the delivery of sexual health services within FE College settings.

It has been suggested by some stake holders that this agenda could be best supported by the appointment of a "sexual health Tsar" for London. In discharging the role envisaged for the Director of Public Health in these recommendations it may be appropriate to consider whether a Tsar would provide further traction.

1.4.3 STANDARDS & QUALITY

Whilst this report highlights a number of examples of good practice, commissioning and service development are hampered by an absence of agreed standards for sexual health services in community settings, including FE colleges. Within London all but two PCTs are

involved in the roll out of "You're Welcome", which lays out the quality criteria and principles to ensure that health services "get it right" and provide young people friendly services. The NHS in Scotland has developed standards that in conjunction with the DH guidance providing specific criteria for sexual health services⁵ could be developed for use in London. Similarly, once commissioned efforts to assess the quality of services or evaluate their effectiveness and value for money are hampered by the absence of quality metrics or an evaluative framework.

- R5** The London Sexual Health Programme should develop or commission the development of:
- Standards for sexual health services in FE college settings
 - A quality assurance framework for these services with appropriate metrics
 - A short evaluation framework that can be used by both commissioners and providers to assess effectiveness and value for money.

We consider that Commissioning Support London could develop a value for money assessment to inform local investment decisions in this area.

Systems for capturing relevant data may need refreshing following the development of standards, quality metrics and the evaluation framework.

- R6** Consideration should be given by the London Sexual Health Programme in partnership with PCT commissioners and relevant stake holders in the FE sector to the data capture and IT infrastructure required to manage and monitor these services.

1.5 THE CHALLENGE FROM YOUNG PEOPLE

Central to the development of the conclusions and recommendations within this report has been the voice of young people themselves.

- R7** All future initiatives at a regional or local level should seek to ensure the involvement of young people in the planning, delivery and review of services.

In particular, young people can play a vitally important role in the development and

⁵ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586

ongoing delivery of the service, including:

- Contributing to the needs assessment
- Reviewing existing provision (for example as mystery shoppers)
- In the delivery of specific issue campaigns
- As peer mentors
- As peer educators.

Their involvement can both enhance the service and provide them with unique opportunities to gain new skills. “You’re Welcome” supports the World Class Commissioning competency by involving young people in the commissioning cycle and in the quality assurance of commissioned services. Within London the Government Office for London, on behalf of the Department of Health, has placed particular emphasis on young people’s participation. This is being done in conjunction with the “Young Inspectors” at the GLA/Mayor’s office⁶.

1.6 A SUSTAINABLE FUTURE

1.6.1 LOCAL LEADERSHIP

Fundamental to the success of developing any new provision is the establishment of strong strategic leadership, both within the college and with local partners such as the Sexual Health Commissioners and Teenage Pregnancy Coordinators. This strategic lead will take responsibility for driving through both the development of the services and the ongoing delivery. This leadership will also support the important task of identifying appropriate accommodation where a service can be located.

R8 It is essential that local aspirations in relation to young people’s sexual health are captured in top-line strategic documents in particular the Joint Strategic Needs Assessment and others such as the Local Area Agreement, local authority Community Plan, the Children & Young People’s Plan and the PCT Commissioning Strategy Plan.

1.6.2 NETWORKS AND PARTNERSHIPS

For the successful development and delivery of both sexual health services and SRE, there are some key networks and partnerships which should be in place:

- Across the college - Counsellors, Welfare, Mentoring and Enhancement staff.

⁶ http://www.younglondonmatters.org/hottopics/you_re_welcome/

- **With local services** - local contraceptive and sexual health services, ensuring a solid understanding of the services available for referral on and if appropriate clinical governance networks.
- **To existing outreach and specialist services in the area** - in many areas specialist work with young people is often developed by voluntary sector organisations (e.g. Brook, Terrence Higgins Trust etc.) and local Primary Care Trusts which can be used to support both service delivery and as complementary services.
- **With Parents** - The support and understanding of parents of the needs for sexual health services and education in colleges is important. This is particularly a key process in areas where there are particular cultural sensitivities and also for students under sixteen.
- **Cross-borough partnerships** to address the issues of students coming from diverse boroughs and with the potential to address the issues that come with borough-driven targets, as well as maximise the use of specialist support from the PCTs and voluntary sector organisations.

R9 Each PCT and local college should map out appropriate networks and partnerships to provide a solid foundation for the development and sustainability of sexual health services in college settings. Where possible these should seek to develop integrated clinical networks with poly systems in each borough.

1.6.3 EMBEDDED INTO WORK OF COLLEGE WITH SUSTAINABLE FUNDING

The service should aim to become fully integrated into the life of the college, embedded into all aspects of the college work and as something that young people can expect when they start their studies.

R10 We recommend that the college and PCT should develop a joint funding strategy from the beginning, identifying economic models which support the identification of sustainable funding (e.g. the costs of an unplanned pregnancy versus continuance at college, the costs of students dropping out of college without completing their course due to emotional stress, etc).

The quality of the physical space available to provide sexual health services within college settings can be a constraint.

R11 Consideration of one-off and recurring capital costs should be included within the service funding strategy. The PCT, local authority and college should consider joint means of addressing any capital funding required.

Colleges often compete for students and as part of this competition will advertise their extra curricula work and/or pastoral care.

R12 Colleges should include details of the health and well-being support they provide to their students in relation to sexual health within their prospectus and other promotional material.

1.6.4 MONITORING & EVALUATION

We have recommended above that the London Sexual Health Programme develops quality assurance and evaluation frameworks for this work.

R13 Investment in any necessary data capture and IT infrastructure should be included in the plan for such services.

Monitoring and self evaluation should not be considered burdensome but should be part of the ongoing review and development of the service. If the college has the *Youth Bytes* internet facility, this can also be used to monitor current and changing needs of the students.

1.7 THE CHALLENGE FOR COMMISSIONERS

NHS commissioners in London are committed to the World Class Commissioning (WCC) programme which is designed to improve the capacity and capability of PCTs to deliver better care, better health and better value for the populations they serve. The conclusion and recommendations in this section are consistent with, and reflect the competencies required to demonstrate WCC.

As noted in the foreword to R3, student flows in terms of borough of residence and borough of study indicate that collaborative commissioning between PCTs will be required.

It is worth noting that since the WCC programme was conceived the economic position has deteriorated dramatically and although the financial position of PCTs is relatively comfortable at present with London PCTs now clear of debt and in surplus, from 2011 the financial position is likely to be much tighter. Within this context the scale and pace of development of sexual health services in FE college settings it is important to consider the following factors:

The need to drive up productivity and efficiency

- The development of Standards by the LSHP recommended above provides an opportunity to develop a model of care in a community setting that is based upon the “best in class” rather than the mean average.
- The fluctuations in the academic year with peak demand for some services in the initial months after enrolment (Autumn) means that the service model will need to be flexible to cope with peaks and troughs rather than having static capacity that is at times over-utilised and at other time under-utilised.

The need to remove costs

- In many other areas of health care investment in the “prevention” agenda provides savings and benefits only over the longer term. Whilst some investments in this area are similarly long-term in nature such as Chlamydia screening or HIV prevention work, there are opportunities to secure rapid savings within much shorter time frames, even within a single financial year. For example investments in extending access to barrier contraception may have an immediate impact on termination costs and diagnosis and treatment of STIs.
- Developing common protocols for interventions, whilst maintaining patient choice such as promoting Long Acting Reversal Contraception may reduce both prescribing and termination costs.

Transfer Capacity

- The development of sexual health services in FE settings should not only be about additional services, but should also include substitution of services provided in other parts of the system - particularly with regard to services in the acute sector. Acute sector tariffs do not apply in the community sector and may provide significant opportunities to improve quality and access whilst controlling or reducing costs.

Experiment at Scale

- The evidence base for effective commissioning at community level is not in place, however, we suggest that there is not time to wait for such evidence to emerge.

What we do have is evidence that current service configurations are *not* meeting the needs and aspirations of young people nor are they delivering sufficient health gain in terms of reducing teenage pregnancies or STIs.

- The current and anticipated financial position of PCTs militates against piloting multiple small initiatives, “now is the time to experiment at scale in the transformation of community services⁷”.

R14 We recommend that PCTs in considering the scale and pace of development of sexual health services in FE college settings consider the need:

- To drive up productivity and efficiency
- To remove costs
- To transfer capacity
- To experiment at scale

Share emerging learning

- In setting a rapid pace of change for moving sexual health services into community settings such as FE Colleges the need to establish robust monitoring and evaluation processes is critical (see recommendations above). In moving to experiments at scale it will be essential to establish networks where commissions can rapidly share emerging learning.

R15 The LSHP should establish a network for sexual health commissioners, local authority commissioners of children and young people’s services and teenage pregnancy co-ordinators to share emerging learning from the development of commissioning in FE settings across London.

This network should be supported both by the LSHP and by Government Office for London to ensure ownership is shared between the NHS and local authority sectors.

1.7.1 NEEDS ASSESSMENT

The need to move rapidly to commissioning community sexual health services in FE settings does not remove the requirement to undertake thorough needs assessments. Currently many of the services are started on an ad hoc basis and in response to local Chlamydia Screening Programmes or as part of emerging condom distribution schemes.

⁷ “Commissioning in a cold climate” NHS Confederation, PCT Network Discussion Paper (June 2009).

There was a clear recognition of the need to move towards an evidence-based service, with the ability to carry out a full needs assessment of the student body and develop services in context of the identified needs of general as well as special needs found within each college.

R16 PCTs should undertake rapid needs sexual health needs assessments of young people in their local FE colleges. In line with WCC requirements effective clinical leadership, engagement of other professionals and the involvement of young people in the needs assessments is vital.

1.7.2 SPECIAL NEEDS

As part of the needs assessment special attention should be given to those students who may have special or additional needs. This includes:

- New migrant students and those for whom English may not be their first language
- Young people with learning or physical disabilities
- Lesbian, gay and bisexual young people
- Transgender young people
- Victims of abuse
- Other special needs.

There may be a need to develop targeted services and SRE programmes to ensure their needs are met.

R17 In undertaking their needs assessment PCTs should give focus to young people with special or additional needs.

1.8 THE WORKFORCE CHALLENGE

Staff training needs should be part of the needs assessment in identifying the appropriate training programme for both classroom delivery of a sexual health/ SRE programme and the ongoing support needs of young people in relation to sexual health issues. This report envisages that community sexual health services in FE settings will be dependent upon partnership working. Effective delivery of partnership services requires multi-disciplinary working focussing on outputs and outcomes rather than roles or professional status. Considerable training may be required to deliver this change.

There are some resources currently available to support this such as the PSHE CPD

programme which is provide free of charge to support professional development in delivering PSHE including SRE. Originally for Teachers and School Nurses, it has been opened up to the wider workforce⁸.

NHS London's new workforce strategy envisaged much greater investment in supporting clinicians to provide services in community settings and a much greater role for Allied Health Professionals. As such its workforce development budget has been designed to be responsive to needs and demands from PCTs.

R18 The LSHP and GOL should work with commissioners and colleges to identify training needs emerging from delivery of sexual health services in FE settings. Once identified the LHSP should work with NHS London's People and Organisational Development team and GOL to develop appropriate sources of training.

1.9 SPECIFICATIONS FOR SERVICE DELIVERY

The scope of this research was to examine the potential role of FE colleges in delivering sexual health services. From our discussions with young people it is clear that many would prefer more a fully comprehensive, integrated holistic service, addressing the multiple health needs of young people - alcohol and drugs, smoking, emotional health/stress, diet, etc.

Many young people are more likely to access a service that is comprehensive and does not require them to openly access a sexual health provision. Many colleges are looking to have a fulltime nurse provision supporting this comprehensive service and ensuring provision can be developed across all college sites. There can be multiple approaches to achieve this comprehensive provision, including availability of full contraceptive care, vending machines for condoms, sessions which are both drop-in and appointments, one-to-one support and advice, Chlamydia screening programmes, etc.

From this research we suggest that services that can successfully be provided in an FE setting include:

- Advice and counselling
- Contraceptive services

⁸http://www.teachernet.gov.uk/_doc/13615/Nat%20PSHE%20CPD%20Leaflet%20-%20Apr%2009.pdf

- Pregnancy services including testing and referral to termination or other services
- Chlamydia screening and other STI testing with referral to GUM services

There are barriers to providing such services in every FE college. This includes:

- Multiple sites - with colleges delivering services across a number of sites
- Physical constraints on space within some colleges
- Accessibility of other services close to colleges which young people are happy to use.

R19 We recommend that PCTs should work with other stake holders to ensure that every young person in an FE college has appropriate access to

- Advice and counselling
- Contraceptive services
- Pregnancy services including testing and referral to termination or other services
- Chlamydia screening and other STI testing with referral to GUM services

And, where possible, this should be provided in or close to the young person's college.

The specification developed by Lambeth PCT may provide a starting point for the development of a template for wider use across London.

This report also provides considerable evidence of the positive response to peer led programmes by young people. As well as clinical services, as part of the wider prevention agenda peer programmes should be a key part of delivery.

R20 In addition to these services PCTs should seek to support peer mentoring programmes and other innovative means of securing the engagement of young people in maintaining their own sexual health.

For many young people risk taking in relation to sexual health was often the result of other factors, most notably drugs and alcohol but also related to other factors such as low self-esteem, poor body image, perceived peer pressure etc. In the course of this research we identified a range of initiatives that were designed to tackle the cause of sexual health risk taking, a number of which are reported as case studies in the body of this report.

We have recommended above that the LSHP, supported by GOL, should establish a network for commissioners to share emerging learning from the development of commissioning in FE settings.

R21 We suggest that the commissioners network to be established by LSHP/GOL should also provide an opportunity to share more innovative ideas and approaches to tackling poor sexual health.

1.10 SEX AND RELATIONSHIPS EDUCATION (SRE)

Whilst sex and relationships education (SRE) provided by sixth form and FE colleges fell outside the brief of this research it was an area that young people were keen to discuss as part of their views on sexual health services.

R22 SRE provision should be developed in context of the needs assessment and, in response to specific requests from young people, as an integral part of the tutoring, mentoring and enrichment programmes.

SHET (see Camden) is a model of a positively evaluated model of sexual health experts supporting the delivery of high quality SRE and supporting tutors in developing appropriate programmes.

2 BACKGROUND

2.1 ABOUT THE LONDON SEXUAL HEALTH PROGRAMME

The Department of Health has allocated funding to Strategic Health Authorities to improve contraceptive and sexual health services for Further Education (FE) students. This work is to be a partnership approach with PCTs and Local Authorities. As part of the work the London Sexual Health Programme invited Michael Bell Associates to carry out an in-depth sexual health needs assessment of the 415,000 young people attending London further education colleges.

The aim of this needs assessment is to provide an evidence base for commissioning and developing local service provision to meet the needs of young people attending further education colleges. The assessment is to build on the existing knowledge of need and service provision both in the 31 Primary Care Trusts (PCTs) (33 London Local Authorities (LAs)) by linking with the appropriate leads in both the PCT and LAs and college principles as part of this assessment.

Background information on the LSHP

The London Sexual Health Programme is funded by London PCTs to provide leadership to improve sexual health and sexual health commissioning. It works to a lead PCT Chief Executive on Sexual Health for London and co-ordinates the work of a Commissioning Board on Sexual Health for London.

As part of its wider agenda, the London Sexual Health Programme has a focus on improving sexual health services for young people, reduction and prevention of Teenage Pregnancies, prevention of Sexually Transmitted Infections (STIs) and promotion of sexual health. The London Sexual Health Programme works with partners such as the National Chlamydia Screening Programme, Health Protection Agency and Government Office of London, Primary Care Trusts, clinical networks and with service users to lead on sexual health agenda in London.

Other Current & Future initiatives

In addition to this FE colleges sexual health needs assessment, the London Sexual Health Programme with support of the Government Office of London-Teenage Pregnancy Unit, have commissioned a number of projects to improve sexual health of young people across London. The projects commissioned from the Department of Health additional allocation

to improve access to contraception and reduce teenage pregnancy include Youth Bytes, Life-Clubs self-management workshops, post-abortion follow-up services, Medi+Vend medical kiosks and C-Card easy access condom distribution schemes.

Youth Bytes

Over the last six years Health Bytes/Youth Bytes have been involved with establishing partnership tools for delivering health and welfare messages to young people by displaying them directly onto the desktop of universities and colleges in Scotland as part of a national preventative initiative. They have developed a PC based system for delivering tailored messages on the computer desktop and arrange to have this at further and higher education institutions. This allows the transmission of messages to a traditionally hard to engage demographic and target audience - young people.

Every time a student logs onto the college PC system they will see interactive health and welfare messages. They are currently trying to build partnerships with FE Colleges, Chlamydia Screening Co-ordinators and many of their partners including; the PCT, Community Safety Partnership, Teenage Pregnancy Leads, Connexions, CAHMS, Healthy Schools/College co-ordinators, the LEA & LSC, as well as the Community & Voluntary sector.

Government Office for London

The Government Office for London (GOL) plays an important role in London, delivering the Government's policies on areas including leading the negotiation of 33 Local Area Agreements and ensuring the delivery of the Every Child Matters agenda. Additionally, GOL supports a network for Teenage Pregnancy Coordinators which meets quarterly, and facilitates annual joint workshops between Sexual Health Commissioners and Teenage Pregnancy Coordinators. Recent annual workshops have been on topics such as: 'quick performance guides' for PCTs on teenage pregnancy, long acting reversible contraceptives and Chlamydia screening, and on local spending priorities for Department of Health contraceptive budgets. GOL is also supporting the development of an SRE core curriculum resource and a self-assessment toolkit in partnership with the cross-governmental Teenage Pregnancy Unit.

2.2 BACKGROUND & PURPOSE OF THE RESEARCH

This sexual health needs assessment of London further education colleges aims to:

- Identify sexual health needs, services and gaps in service sexual health provision with in the college setting and links to services in the area
- Make recommendations to meet the needs and identified gaps, including estimated costs and potential providers
- Gain stakeholder sign up: PCTs, college principles and LAs
- Identify potential funding sources as part of long term mainstreaming.

2.3 METHODOLOGY

To achieve these aims and objectives the research was in the following four phases:

Phase One - Inception

The initial phase was designed to draw together key background materials and develop a base-line picture of sexual health and service provision across London. The activities included:

- Conducting a **Literature Review** to provide the research with a quantitative assessment of sexual health issues for young people within each PCT.

Phase Two - Fieldwork Phase

- A seminar was held in February with PCT, Local Authority lead officers and representatives of the FE college sector to identify priority areas for work and best practice examples from around London.
- Small focus groups were held more than 60 young people. These sought to reflect the diversity of young people in terms of location and type of institution and to reflect their diversity in terms of gender, sexuality, and ethnicity.
- The voice of young people gathered through this exercise has been supplemented by a **deep dive into strategy and practice** within a 20% sample of local authorities/PCTs in London. These deep dives include an assessment of arrangements made in relation to meeting young people's sexual health needs in PCT's Commissioning Strategy Plans, Local Authorities Local Area Agreements, Local Strategic Plans and Community Plans and cross sector Children's Plans or Strategies etc.

Phase Three - Iteration and Developing Options

The third phase consisted of:

- Producing an **Emerging Findings Paper** which was the basis for discussion at a **Co-operative Enquiry Workshops** on 19th May 2009 for commissioners and providers of services to test findings and to work collectively to develop recommendations.

Phase Four - Reporting & Presenting

- Following on from the workshop we have produced the **Final Report** in two parts with Volume One reporting on the context, a voice of young people and conclusions and recommendations, and Volume Two containing the Deep Dive into seven London boroughs and 31 PCT area profiles

3 CONTEXT

3.1 CURRENT POLICY CONTEXT

London has the highest rates of sexual ill-health in the UK. Sexual health services are complex across London in the sense that they have not necessarily been developed strategically (for example based on the needs of the population), but rather are the result of historic patterns of service provision.

The *National strategy for sexual health and HIV* (2001) has been a key driver for improving sexual health in England and a review of the strategy was recently undertaken for the Independent Advisory Group on Sexual Health and HIV by MedFASH (*Progress and priorities - working together for high quality sexual health* (2008)). The review identifies a number of recommendations for implementation at local and regional levels, some of them particularly pertinent in view of the findings of this report and useful for informing next steps in London.

Among the priorities for action in the review is commissioning for improved sexual health, based on local assessment of needs. Recommendations to support effective commissioning include:

- The establishment of **information infrastructures**, including both IT equipment and systems for data collection and analysis.
- PCTs are urged to ensure **service level agreements (SLAs)** are **explicit** about what providers are commissioned to provide, with services auditable against robust quality standards and funding relating to activity and outcomes.
- Users should experience **equal service quality** whichever provider they choose to use.
- **Service networks** should be established and maintained across PCT boundaries.⁹

The strategy review highlights the need for **adequate investment in prevention**. This should include both well-resourced health promotion services at PCT or cross-PCT level, and the integration of prevention activities within specifications for sexual health services.

The public health White Paper *Choosing Health* (2004) included targets for Chlamydia

⁹ Sex and our city: achieving better sexual health services for London, 2008 p11

screening coverage, Genitourinary Medicine (GUM) waiting times and a reduction in gonorrhoea, to supplement the existing target for a reduction in teenage conceptions.

High Quality Care for All (2008), the final report of the NHS Next Stage Review sets out a vision of a health and care system that is “fair, personalised, effective, and safe”, with quality at its heart.

Improving sexual health is one of the six key goals identified for the comprehensive wellbeing and prevention services to be commissioned by PCTs in partnership with local authorities.

3.2 ANTICIPATED CHANGES IN THE POLICY CONTEXT

The Department of Health (DH) and the London Sexual Health Programme (LSHP) have identified the need for more information on the state of sexual health, and sexual health services currently commissioned across London. As a result, MedFASH was commissioned to deliver the *Sex and Our City* project by Lambeth Primary Care Trust (PCT) on behalf of London PCTs for the LSHP, with funding from the DH Sexual Health Policy Team, the DH National Support Team for Sexual Health and the LSHP itself. The project aimed to carry out:

- Data-driven needs assessment
- Service mapping exercise.

This exercise included GUM, contraception, integrated sexual health, abortion and outreach services provided by a range of NHS and non-NHS organisations, the results of which have been highlighted throughout this research.

With regard to young people, an exciting driver of new policy is the Department of Health’s February 2009 strategy, *Healthy Lives, Brighter Futures - the Strategy for Children and Young Peoples’ Health.*’ The Strategy aims to roll out the *You’re Welcome* standards across England so that all young people will be able to access young people-friendly health services. A new campaign to increase young peoples’ knowledge of effective contraceptive methods will be launched, backed by increased investment of around £27 million per year from 2008-09 in contraceptive services in a range of settings. The Strategy outlines a clear commitment to improving sexual health services and choices for students in further education and encourages joint needs assessments and commissioning between local authorities and PCTs for contraceptive and sexual health

services “in the health, school/college and community youth settings that meet the needs of their teenage population.”¹⁰

3.3 TOWARDS A NEW SEXUAL HEALTH STRATEGY

In July 2008 the Medical Foundation for AIDS & Sexual Health (MedFASH) produced *Progress and priorities - working together for high quality sexual health: a Review of the National Strategy for Sexual Health and HIV* on behalf of the Independent Advisory Group on Sexual Health and HIV. The Review outlined five strategic areas for priority action:

- **Prioritising sexual health as a key public health issue and sustaining high-level leadership at national, regional, and local levels**
Including comprehensive sexual health needs assessments and review of local sexual health strategies in response to changing needs and service re-configuration.
- **Building strategic partnerships**
This includes actively engaging in joint planning mechanisms to ensure that sexual health and HIV are prioritised via Local Strategic Partnerships, Joint Strategic Needs Assessments, and Local Area Agreements. Additionally, it is expected that PCTs will forge stronger links with Childrens Trusts and Mental Health Trusts, and acknowledge the Third Sector as an equal partner to be engaged in needs assessment and strategic planning. It is also a priority to see a more integrated cross-governmental approach to address the impact of inequalities and the wider determinants of sexual health.
- **Commissioning for improved sexual health**
This includes adopting a holistic commissioning model that looks and sexual health in an integrated way and commissions along the care pathway. This also means linking service networks to the commissioning process and strengthening public voice in commissioning.
- **Investing more in prevention**
To ensure that effective sexual health promotion and HIV prevention is commissioned according to local need and is adequately resourced. Dissemination of evidence about what works and what is cost effective is a priority, particularly in relation to young people, African communities, and gay

¹⁰ *Healthy Lives, Brighter Futures: the Strategy for Children and Young People's Health*. Department of Health with the Department for Children, Schools and Families, February 2009. p. 58.

men.

- **Delivering modern sexual health services**

This includes establishing and developing sexual health and HIV networks to cover all areas of the country, and to ensure that they are included in local reconfiguration work.

These strategic areas offer opportunities for integrating the young peoples' sexual health agenda, especially in strengthening networks and service arrangements between FE colleges, PCTs, and Third Sector providers.

In addition, within London the Deputy Director of Public Health at NHS London has convened a working group to consider ways in which London's sexual health strategy may be refreshed. It is expected that this group will report later in this calendar year and it is anticipated that the findings from this report will inform that strategy.

3.4 HEALTHY FURTHER EDUCATION PROGRAMME

In July 2008, Ministers in Department of Health (DH), Department for Innovation Universities and Skills (DIUS) and Department for Children Schools and Families (DCSF) approved and announced the launch of the Healthy Further Education (Healthy FE) Programme to target the health needs of people who study or work in the Further Education sector. In September 2008, DH set up a Healthy FE delivery unit to implement the national programme.

The Health FE Programme aims to strengthen relationships between FE providers and community partners in order to create a learning environment that is conducive to positive well-being. The accompanying Healthy FE Framework seeks to integrate health into existing organisational structures and it is shaped by two guiding principles which are:

- **it must be sector-led:** FE organisations should identify what is wanted and what can be delivered by them (in collaboration with community partners) as part of their mainstream business
- **it should not seek to create new infrastructure and processes:** but make use of and develop existing arrangements wherever possible (hence colleges should focus on health in the broader context of 'well-being')

The intention is that for organisations within the FE Sector, participation in the Healthy FE programme should contribute towards:

- improvement in scores in Ofsted framework and a number of the ECM outcomes
- improvement in perceptions and experiences from learners (and staff) in annual health and well-being/satisfaction surveys and increased self-awareness by learners and staff of the personal benefits and wider importance of a healthy college
- enhancements to organisational and partner services through stronger infrastructure, needs-led policies and increased participation in health initiatives
- strengthening of the FE sector as a healthy setting in which to work and learn
- stronger and demonstrably more effective FE organisation-health/community partnerships
- demonstrable improvements in recruitment, retention and attendance rates supported by evidence that learners enjoy their education and reach their attainment goals
- improvement in measures of a healthy workforce (such as lower absence rates)
- increased learner participation in the wider life of the college, including learner voice processes.

Although the Healthy FE Programme does not explicitly mention sexual health, it is clear that improved sexual health of FE students would contribute to each of the above indicators. A more deliberate inclusion of sexual health by the Healthy FE Programme would greatly improve the chances for well-being of FE students and staff. Additionally, the Healthy FE Programme's focus on strengthening FE-community partnerships presents a model for health service provisioning that can be combined with the sexual health agenda.

3.5 TARGETS & INDICATORS

Both the NHS and FE college sector are expected to deliver on a range of targets and key performance indicators. For primary care trusts the national or regional key targets or indicators relating to the sexual health for young people include:

- Each local authority area aims to reduce the teenage conception rate between 40% and 60% against the 1998 baseline figure
- Chlamydia screening - the National Chlamydia Screening Programme seeks to meet targets of 17% testing in community outside of GUM and work to levels of

35% to 50% testing overall in community and GUM.

- 48 hour GU access
- Reducing late diagnosis of HIV.

Each PCT may set additional local priorities either within their Commissioning Strategy Plans or through with their local authority through their local strategic partnership.

For colleges their key indicators include the Healthy FE programme's three overarching success measures. These are:

- an enhanced national, regional and local role for the FE sector in contributing to health and well-being outcomes for young people and adults
- an improvement in health and well-being provision by the FE organisations
- a greater impact on the community served by the FE organisation.

Additionally, the Sexual Education Forum and National Children's Bureau's October 2008 *National Mapping Survey of On-site Sexual Health Services in Education Settings: Provision in FE and Sixth Form Colleges* lays out a framework for evaluating sexual health services in further education. The report groups FE and sixth form colleges into four categories:

- No sexual health services on site (although advice, signposting or referral may be offered)
- Basic sexual health services available on site (includes free condoms and/or pregnancy testing)
- Advanced sexual health services on site (includes Chlamydia testing and/or EHC)
- Specialised sexual health services on site (includes prescription contraception in addition to EHC and/or a wider range of STI testing in addition to Chlamydia testing).

The SEF/NCB National Mapping found that 71.7% of FE and sixth-form colleges across the UK provide some level of on-site sexual health services for their students. However, only 17.1% (64 colleges) offered a wide range of contraceptive and sexual health services on-site.¹¹

¹¹ *National Mapping Survey of On-site Sexual Health Services in Education Settings: Provision in FE and sixth-form colleges*. National Children's Bureau, 2008. pp.3-4.

KEY FINDINGS

4 THE LONDON PICTURE

4.1 OVERVIEW OF SEXUALLY TRANSMITTED INFECTIONS

Across the UK, young people (aged 16-24 years old) are the age group most at risk of being diagnosed with a sexually transmitted infection. Young people accounted for 65% of all Chlamydia, 50% of genital warts and 50% of gonorrhoea infections diagnosed in genito-urinary medicine clinics across the UK in 2007.

The most common sexually transmitted infection in young people is genital Chlamydia. The National Chlamydia Screening Programme in England performed 270,729 screens in under-25 year olds in 2007: 9.5% of screens in women and 8.4% in men were positive for Chlamydia. A further 79,557 diagnoses of genital Chlamydia infection were made among young people in genitourinary medicine clinics in the UK in 2007, (a rate of 1,102 per 100,000 16-24 year olds), a rise of 7% on 2006.

Genital warts were the second most commonly diagnosed sexually transmitted infection among young people in genitourinary medicine clinics, with 49,250 cases diagnosed in 2007 (682 per 100,000), a 8% rise on 2006.

In 2007, 702 young people were diagnosed with HIV, representing 11% of all new HIV diagnoses. Young men who have sex with men remain the group of young people most at risk of acquiring HIV in London.

4.2 OVERVIEW OF TEENAGE PREGNANCIES

Teenage pregnancy is a health inequality and social exclusion issue and leads to poor health and social outcomes for both the mother and the child. Teenage pregnancy is defined as conception in a female aged less than 18 years. According to the Department of Health's report "*Improving Access to Sexual Health Services for Young People in Further Education Settings*" 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.¹²

The 2007 under-18 conception rate for England was 41.7 per 1000 girls aged 15-17 and

represents an overall decline of 11% since 1998.¹³ The UK has one of the highest rates of teenage conceptions in Western Europe, despite teenage pregnancy rates falling both nationally and in London since 1998. In 2007:

- In 2007 there were 5,686 teenage conceptions in London.
- The teenage conception rate in London was 45.6 per 1,000 15-17 year old females compared to 41.7 per 1,000 for England.
- The Inner London teenage conception rate in 2007 was 56 per 1,000, comparing to 30.3 per 1,000 in Outer London.
- The highest teenage conception rate in 2007 was in Southwark, 76.2 per 1000, followed by Lambeth (74.4), Lewisham (70.6) Haringey (70.0) and Greenwich (65.2)
- The largest declines in the teenage conception rate between 1998 and 2007 out of all boroughs in London included Richmond (32% decline), Kensington & Chelsea (29.3% decline), Ealing (28.2% decline), Hammersmith & Fulham (26.5% decline) and City & Hackney (25.9% decline)

In 2007 61% of all under-18 conceptions in London lead to an abortion. London has a higher proportion of conceptions in girls aged under-18 years that result in an abortion than the rest of England (49%). Specifically, in 2008 Southwark PCT had the highest abortion rate amongst under-18 year olds at 40 per 1000 women which is more than double that of England (19 per 1000), and significantly higher than the London average (25 per 1000). After Southwark, the next highest under-18 abortion rates by PCT were Lewisham (39 per 1000), Lambeth (38 per 1000), Greenwich and City & Hackney (both at 32 per 1000).¹⁴

Volume Two of this report provides detailed aggregated and borough based reports for all areas summarised in this section.

¹² *Improving Access to Sexual Health Services for Young People in Further Education Settings.* Department of Health with Department for Children, Schools and Families, 2007.

¹³ All changes in rate calculated from un-rounded rates. Data sourced from Teenage Conception Statistics for England 1998-2007, Teenage Pregnancy Unit, published in February 2009.

¹⁴ Department of Health Abortion Statistics, 2008.

5 IN OUR OWN WORDS

This section draws upon five focus groups held with a total of 62 FE college students across London. The five FE College sites were: the College of North East London (Borough of Haringey); the College of North West London, Wembley Park Campus, (Borough of Brent); the City of Westminster College, Paddington Campus (City of Westminster); the Westminster Kingsway College, Kings Cross Centre (Borough of Camden); and the Adult College of Barking & Dagenham (Borough of Barking & Dagenham).

5.1 DEMOGRAPHIC PROFILE OF PARTICIPANTS

The following table presents the demographic profile of all focus group participants according to gender, age, employment status, ethnicity, religious affiliation, sexuality, disability and parental status.

Gender	Male	32.3%
	Female	67.7%
Age	16-18	74.6%
	19-21	25.4%
	22 or older	0%
Employment Status	Unemployed	70%
	Employed Full-time	11.7%
	Employed Part-time	16.7%
	Parent/Carer	2%
	Other	0%
Ethnicity	White British	16.7%
	White other	6.7%
	Black British	10.0%
	Black African	13.3%
	Black Caribbean	25.0%
	Black other	3.3%
	Chinese	3.3%
	Turkish/Kurdish	8.3%
	Indian	0%
	Pakistani	1.7%

	Bangladeshi	1.7%
	Other Asian	6.7%
	Other Ethnicity	5.0%
Religion	No Religion	22%
	Christianity	58%
	Islam	16%
	Buddhist	2%
	African Traditional	0%
	Judaism	2%
	Hindu	0%
	Sikh	0%
	other	2%
Sexuality	Heterosexual	86.2%
	Gay or Lesbian	1.9%
	Bi-sexual	3.9%
	Didn't Answer	7.8%
Disability	Living with disability	1.9%
	No disability	98.1%
Children	Have child/ren	5.8%
	No child/ren	94.2%

Additionally, 40.3% of focus group participants lived in the borough where their FE college was located, while the majority of participants, at 59.7%, lived in boroughs different to the one that hosted their college.

5.2 YOUNG PEOPLES' SEXUAL HEALTH NEEDS

Focus group participants identified a number of sexual health issues and needs that they believed young people faced. This was in reference to other students at their college and young people in the broader community.

Disease

Participants listed disease as a major concern of young people. These included Chlamydia and other STIs, and students were keen to note that Chlamydia is the number one STI affecting young people in London and that Haringey in particular has high levels of Chlamydia positivity. For this reason participants stressed the importance of

Chlamydia screening services for young people. HIV screening, on the other hand, was not highlighted as a major issue for young people. Participants felt that HIV affected young people significantly less than older people (above the age of 26) and that it would be a better use of resources to improve and expand Chlamydia screening services for young people.

Contraception

Young people want to know what methods of contraception there are, which kind is best for them, how to get it and how to use it. The young people present were knowledgeable about different methods of contraception (e.g. LARC, EHC, IUDs, condoms, etc) but stressed that not all young people are and that contraception awareness raising should be a major work area.

Pregnancy

Pregnancy and knowing the options available to pregnant young women are major concerns for young people. Issues arising from pregnancy cut across other identified needs such as advice, contraception, abortion, relationship & emotional issues and require a coordinated approach.

Relationships & Emotional Issues

Young people deal with interpersonal, romantic and sexual relationships in different ways, and for many the novel nature of these relationships causes emotional difficulties. The need to navigate the difficulties of early relationships and the emotional transition to young adulthood was highlighted by students. Some vouched for the merit of counselling services to help young people with their emotional and relationship issues.

In particular students felt that depression was an issue that faced many young people and, as a multi-dimensional phenomenon, is often linked to relationships and sex. Additionally, unwanted pregnancies and STIs are triggers for some young people that cause depression and acute emotional stress. A minority of male participants suggested that emotional and counselling needs, especially relating to relationship and pregnancy, were “women’s problems” and not as pertinent among young men’s needs.

Health

Students highlighted the multi-dimensional nature of human health and welfare, and stressed that sexual health was deeply inter-connected with a person’s general state of

health. In this way maintaining or improving one's sexual health would produce manifold improvements in other areas of their general health and wellbeing.

Advice

Young people need advice for their sexual health needs. This includes advice on the issues themselves (knowledge and awareness) and advice on the services available to them (service provision). How and where the advice is delivered is very important, as some young people feel more comfortable speaking about sexual health issues with their peers, others prefer in-school advice services as opposed to community clinics, and so on.

Peer pressure

Young people are greatly affected by peer pressure, and by their perceptions of what their peers are doing or not doing with regard to sexual activity, relationships, and sexual health service use. Students highlighted the need for awareness campaigns, outreach services, and advice services to help young people mediate the influence of peer pressure and formulate a more realistic picture of what their peers are doing, what is 'normal', and to assert their own needs and desires.

Abortion

Young people need to know about abortion services available to them and they need associated counselling services to help them in making difficult decisions regarding termination or pregnancy.

Prostitution

Students felt that prostitution was an issue that affected them and that services for sex workers and advice services for people with concerns about sex work or exploitation need to be made available to young people.

5.3 SPECIAL NEEDS

Focus group participants were asked to identify particular groups of young people with special needs that should be considered in the design and delivery of sexual health services in an FE setting.

Lesbian, Gay and Bi-sexual Needs

One of the areas of special need was regarding the sexual health needs of lesbian, gay and bi-sexual (LGB) students. Some students explained that LGB people do not feel comfortable talking to current student liaison officers because nearby staff (in a shared office) are not accepting and it is uncomfortable to walk into the office and talk about LGB issues and they never do it. Additionally, some students felt that current sexual health services and staff at their college are biased to heterosexuals and there is a need for staff members who understand LGB issues, accept LGB people, and who are perceived as approachable and friendly by LGB people themselves.

People from Conservative Families or Cultural Backgrounds

More sexual health services at college would benefit students who can't talk to their parents about sexual health issues. This was especially true for students from very conservative families or cultural backgrounds that created obstacles when discussing sex and sexual health in the home. Many students felt that the college setting might be the only place for some people to learn about sexual health and either access sexual health services or get advice and referral to the proper services in the community.

Couples

Some participants felt that people in relationships should be able to get oral contraceptives at college, whereas single students should be encouraged to use condoms as they are the best method for contraception *and* protection from STIs. Students who held this view did not have any suggestions for how this approach could be regulated, but they felt that people in relationships constituted a group with special needs.

Younger Students

Younger students in secondary school constitute a particular group that many participants felt should be targeted with specialised advice and sexual health services. It is pragmatic to acknowledge that some younger teenagers are sexually active, even though they are not in FE colleges. Many participants added the caveat though that EHC and oral contraceptives should not be made available to younger students because this may encourage irresponsible sexual behaviour.

Young Mothers

Young women students with children need to be kept in education so that they have opportunities and aren't left to "fall through the system." In particular there needs to

be strong support systems to keep them in education such as childcare offered at college and social welfare support to cover costs of living.

At-risk Behaviour

Many students felt that sexual health services in college should be, or in effect already are, primarily geared toward “irresponsible” people who have unprotected sex -- either because they don’t know about the risks or don’t care. This was a topic that produced divergent opinions from the participants as some felt that on-campus sexual health services should be geared to serve the needs of young people who are not practicing safe sex while many others felt that providing services to such “irresponsible” students conveyed a negative message to the more responsible majority of students

5.4 NETWORKS AND SERVICES ACCESSED

Students spoke about the sexual health and advice services and networks that they and their peers had accessed. They also spoke of the relative merits of each service provider or network and described their experiences of the services offered. The services offered are grouped below by FE college and followed by general services and points of advice utilised by all students.

5.4.1 COLLEGE OF NORTH EAST LONDON

The College of North East London offers several sexual health services to the student population. Weekly sexual health screening is currently offered along with condom distribution. Most additional sexual health needs are met via referrals to local clinics such as St. Ann’s or smaller community service providers. A new health project with a specialist part time nurse seconded from the local NHS team is now being used by students at the college. The new service is based in a separate clinic room offering contraception and sexual health advice and treatment.

Several of the students had accessed services at **St. Ann’s Hospital** in Haringey which provides a number of services through a Family Planning Clinic, a Sexual Health Centre, 4YP and an HIV counselling service. The college’s sexual health and advice service refers students to St. Ann’s. The 4YP bus service visits the college and many students were familiar with the service. The 4YP bus provides all contraceptive methods except implants and IUD/IUS.

All of the focus group participants had utilised the sexual health services at CONEL in

some way. However, all of the participants were sexual health peer outreach volunteers and their level of familiarity with on-campus sexual health service provision was significantly higher than in any of the following focus groups at other colleges.

5.4.2 COLLEGE OF NORTH WEST LONDON

The College of North West London, Wembley Park Campus, has regular Chlamydia screening every 2 months. Students can also receive free condoms and advice from the Student Liaison Officer. There is a Connexions office that offers sexual health advice and referrals in addition to career and study advice. Many of the students in the focus group however were not aware that the Connexions service offered sexual health advice and referral, and several felt that Connexions was more focussed on career and employment advice and that this made students uncomfortable about going to the Connexions officer for sexual health advice. One half of the participants had previously been to the Student Liaison Offer or Connexions for sexual health advice and services.

In addition CONWL has an annual STAR Week during which sexual health workshops are held at the college. Many of the students felt however that STAR Week is disruptive because it changes the timetable and there are no incentives for students to come and attend workshops if their courses have been cancelled for a week. Some suggested integrating SRE into tutorials instead, or offering vouchers to attend STAR Week that are more “interesting” than the vouchers currently offered for W.H. Smith.

5.4.3 CITY OF WESTMINSTER COLLEGE

The City of Westminster College has a Sexual Health Advisor on campus every other Wednesday to facilitate Chlamydia screenings and give out free condoms and t-shirts. Every two months there is a workshop on sexual health issues, including demonstrations on how to use condoms. On any given day students may go to the Student Advisor and Enrichment Officer for free condoms. Students in the Health & Social Care and Childcare programmes at the Queen’s Park Campus were more aware of the sexual health services offered in the college and explained that they were informed about the services as part of their curricula and have a working relationship with the Student Advisor. Amongst this focus group 5 out of 22 total participants had previously utilised the college’s sexual health services.

5.4.4 WESTMINSTER KINGSWAY COLLEGE

At the Kings Cross Centre of Westminster Kingsway College there are three Youth Workers

who received sexual health training. This enables them to offer information and advice as well as referral to sexual health services in the local community. They also visit each of the College's three campuses during Welcome Days at the beginning of the academic year to pass out information and goodie bags that include information on sexual health services. During induction week tutors are supposed to inform students of the sexual health and advice services that are available to them.

SRE can be offered in tutorials, but it is up to the initiative and discretion of the tutor to request an SRE workshop in place of a regular tutorial. In such cases the SRE workshop is delivered by external trainers from Brook. Additionally, Brook sets up a sexual health stall in the ground floor common area once per term, and there are Chlamydia screenings on campus twice per term. Four of the eleven participants had previously utilised on-campus sexual health services.

5.4.5 THE ADULT COLLEGE OF BARKING & DAGENHAM

Students were familiar with the 4YP service that comes to the college. Several students had also accessed sexual health services at Youth Zone in Romford, Upney Lane walk-in centre, the Vibe in Dagenham, and in-pharmacy services. Some students were familiar with the SHOES (Sexual Health Outreach and Education Service, managed by Brook London) worker who comes in once a month to work with specific groups of young people identified as at risk of sexual ill-health and give Chlamydia screening.

5.4.6 GENERAL SERVICES AND ADVICE UTILISED BY ALL GROUPS

Health Centres and Clinics

Many focus group participants were familiar and comfortable with accessing sexual health services in their community offered through Family Planning Clinics, GUM Clinics and other health centres.

GPs

General Practitioners are a point of contact for some young people with regard to sexual health needs. However, for many young people the task of meeting a GP on their own is daunting and not the preferred route for accessing sexual health services.

Pharmacies

Several of the students had utilised in-pharmacy sexual health services and spoke positively of the service. Pharmacies are seen as accessible and reasonably confidential

venues to access sexual health services.

Parents

Parents were listed as a major source of advice and support. However, students said that many parents cannot communicate with their children in general, and specifically regarding sexual health and relationship issues. For this reason parents weren't seen as a particularly effective source of advice for many young people.

Friends

Friends constitute a valuable source of advice for most young people. It is often through friends and word of mouth that young people learn about sexual health issues and hear of the services that are available for them. The experiences of friends who have previously accessed sexual health services have great effect upon the decisions of young people regarding what sexual health services to access and how to access them.

5.5 MAJOR CONSIDERATIONS WHEN ACCESSING SEXUAL HEALTH SERVICES

Students were asked what they cared about when choosing sexual health service providers. Their responses revealed a range of factors as listed below.

Confidentiality

Confidentiality and privacy in accessing sexual health services were major considerations for young people. When asked whether the college was a good place to access services with regard to confidentiality students said that, while some may initially be put off by the idea of accessing services at school, in reality the service was quite private and confidential. By being located in a larger office space with other general health and advice services, the college's sexual health service may be accessed in relative confidentiality (i.e. even if other students see you entering the general health services office, they will not know what services you are accessing).

On the other hand, there were students who felt that having sexual health services at college would not be confidential enough. For instance, current arrangements with Connexions officers were not seen as confidential and presented obstacles to some students who did not want to be seen entering the office of the Connexions officer.

Opening times

Students in further education are constrained by their coursework and need sexual health

services that are offered evenings and weekends.

Range of services provided

Students highlighted the convenience of accessing multiple sexual health services at one site. In most cases having a wide range of services from a single provider was preferred to accessing various services from multiple providers.

Staff attitudes

The attitudes and behaviour of staff at sexual health clinics and third sector organisations have impact upon the perceptions of their services. Staff with poor or rude attitudes had the effect of discouraging young people to seek sexual health services from certain providers. In particular, students said that staff in high volume clinics tended to have the worst manners because they are more concerned with passing people through the system than with provided quality service. It is particularly important to provide individualised service and advice and this is not possible through service providers that have very large clienteles.

Target clientele

Students described that various service providers gear their services to different client groups, and that this affects accessibility. For instance, family planning services were perceived by the students to be geared toward an older client group and thus less accessible to young people and the college's students. Students' preferences came into play however, as some preferred all-youth oriented services while others preferred services that catered to a mixture of young people and adults because these were perceived to be more professional or 'serious' than services targeted at young people only.

5.6 SERVICE PROVISION SUGGESTIONS

The focus group participants had many suggestions to improve sexual health service provisioning in their FE College and in the local community. Their suggestions are presented as follows in three sections:

- *Most commonly voiced suggestions, unanimous or without great controversy*
- *Suggestions of a significant minority*
- *More controversial suggestions and suggestions that contradict other views*

5.6.1 MOST COMMONLY VOICED SUGGESTIONS, UNANIMOUS OR WITHOUT GREAT CONTROVERSY

Greater publicity of services and awareness raising of sexual health issues

Students suggested more publicity of sexual health services offered at their college and increased efforts to raise awareness sexual health issues facing young people. More posters placed in key congregation areas of the college along with literature and leaflets to educate young people would increase other students' awareness of the issues and specific knowledge of the services they may utilise at the college.

More events and campaigns to raise awareness

Students were very keen on the positive effects of special events to raise awareness of sexual health issues facing young people and the services available at the college and in the community. Well planned and publicised events such as a 'Sexual Health Day' were seen as effective methods of grabbing students' attention and getting them involved in discussing sexual health.

Issue-led campaigns were also seen as effective in raising awareness and keeping attention focussed on important sexual health issues for a relatively sustained period of time. In this way campaigns were speculated as an especially good way to raise awareness while engaging the wider student body. Additionally, one student suggested that props and costumes, such as wearing a large condom, could publicise campaigns in a way that was fun and engaging to other students and broke down some of the stigma attached to sexual health.

On-site Sexual Health Workers

Many participants voiced the need for an onsite sexual health worker who could advise students on sexual health issues and either offer screening, treatment, and contraceptive services directly, or be able to refer them to other service providers. Again, the issues of publicity and confidentiality were important. On-site sexual health workers should be well publicised and promoted so that all students knew they were there and what they had to offer. Confidentiality when accessing their services must also be central. Some students advocated having a sexual health worker "at-large" rather than being housed in a particular office. In this way students could make appointments with the worker and meet them in different locations. For others, having the sexual health worker in one office was not a problem, but perhaps the office could be located in less busy locations such as upper floors or basements where there would be a greater degree of privacy when entering and leaving.

More guest speakers

As members of the Youth Peers group, these students had benefited from trainings including guest presentations by representatives from the PCT and community-based sexual health organisations. Guest speakers had educated the students on specific sexual health issues, how to use condoms, how to approach people when doing outreach work, and how to advise people on sex and relationships. Students were very positive about the impact of guest speakers to their own experience and felt that the wider student body would also benefit from hearing guest speakers.

Integrating SRE into regular coursework

Several students felt that tutors should speak about the college's sexual health services during class time. This was seen as a way to raise awareness and drive up service use.

More condoms, better condoms

Participants felt that more provisioning of condoms, and better quality condoms, at the college would be beneficial for all students. Condoms were identified as an effective method of tackling STIs and contraception that was most approachable to a wide range of students and easily deliverable within the FE college setting. In addition, many students felt that the positioning of condom distribution points in key busy areas, or handing them out to students during passing times, was itself a beneficial practice because it stimulated dialogue about safe sex, STIs, contraception and relationships in an informal but informative way.

Greater support for Peer Outreach work

Many participants felt that student volunteers could provide effective outreach work to spread SRE, give advice, and refer students to the appropriate sexual health and counselling services, whether offered on-campus or in the community. In particular, the focus group participants at the College of North East London who were themselves Peer Outreach Volunteers felt that this model of peer outreach constituted good practice and should be expanded in their college and replicated in other settings.

More Counselling

More counselling for sexual health, relationships, and related emotional issues was seen as a need for young people in further education. This should supplement any provision of sexual health services as the emotional and psychological dimensions of health and

sexual health must be included in any strategy to improve sexual health.

More STI Screenings for a wider range of STIs

Many students voiced dismay at the fact that their college only offered Chlamydia screening on campus. The need for receiving screenings for other STIs including HIV was voiced in each of the focus groups.

'Shock Tactics'

Several students stressed the importance of grabbing young peoples' attention in order to get them to be interested in sexual health. For this reason they advised the use of graphic visual images of the effects of such STIs as genital warts. By displaying these images in brochures and leaflets designed for students, the importance of sexual health and the need to get screened and practice safe sex would be forcefully conveyed to otherwise uninterested and uninformed young people.

5.6.2 SUGGESTIONS OF A SIGNIFICANT MINORITY

It is the parents' responsibility to educate their children

Many students suggested that parents, and not the college, need to do more to educate their children on sexual health. Several suggested targeting parents and improving their knowledge of sexual health and their abilities to talk to their children. There should be compulsory workshops or Parent Forums for parents of students where they can receive training on sexual health issues and effective communication techniques so they can talk about these subjects with their children.

Need sexual health staff who can work with all diversity groups

It is important that any designated sexual health staff are open and approachable by all diversity groups, and are qualified and knowledgeable on the needs of each group. Some participants suggested having on-site sexual health workers for each diversity group (e.g. Muslim, LGB, etc.) while others suggested monthly drop-ins by such designated workers. Many felt however that it was more important to have sexual health workers who could work with all diversity groups, rather than having multiple sexual health workers targeting each diversity group.

Less rigorous testing requirements for free condoms

As several students described, the current STI and Chlamydia screening service offered at their FE college is combined with free condom distribution. When a student undergoes

STI and Chlamydia screening they are eligible for free condoms, but in order to get more condoms within a certain time period students must be screened again. Students felt that this requirement was unnecessarily stringent and that it put off many fellow students from seeking free condoms because they perceived the STI and Chlamydia screening process as unduly burdensome. Students suggested either distributing condoms without STI and Chlamydia screening, or allowing a longer time period to elapse before the next screening during which additional condoms could be distributed.

5.6.3 MORE CONTROVERSIAL SUGGESTIONS AND SUGGESTIONS THAT CONTRADICT OTHER VIEWS

EHC provision in FE colleges

The provision of EHC, or the “morning after pill”, in college was an especially contentious subject for all of the focus groups. In general, women were most vocal and opinionated about this topic.

Some felt that EHC should be offered in FE colleges because, for many young women, it is too much of a barrier to seek EHC in clinics or from GPs. This can cause unwanted pregnancies or unnecessary need for abortion services. On the other hand, many felt that young women shouldn't be encouraged to act irresponsibly by being offered EHC in college. These participants felt that making the trip to the GP or pharmacist for EHC encourages responsible behaviour and safer sex. Some participants (though a minority) felt very strongly that no methods of contraception aside from condoms should be available at college for similar reasons pertaining to inculcating responsible behaviour in students.

Targeting younger students

Students felt that awareness raising efforts needed to target younger students, for example 15 year olds. While students stated that many people in this younger age group were indeed sexually active and in need of advice, support, and awareness of sexual health services, they were often left out of awareness raising campaigns and direct peer outreach work.

Students cautioned that SRE and education about sexual health services must be delivered responsibly to this younger group including secondary school students. In particular, students advised against offering EHC to younger people (15-16 year olds) because it might encourage them to act irresponsibly, having unsafe sex, and using EHC as a primary method of contraception.

5.7 GENERAL ISSUES

Other important issues that were raised in the focus groups are as follows.

Personal relationships and trust matter

Several participants said that having a good personal relationship with a member of staff (and not necessarily a health worker or student advisor) was the most important way to access advice and receive positive guidance. While many students do not feel comfortable approaching the designated staff for sexual health and other services, they may have trusted confidants who are teachers, tutors, and other staff members who they do approach for advice with relationships, sexual health, and an array of other issues.

More advice and referral

Many students want more advice and referral, though not necessarily more primary sexual health services in college.

Responsibility matters

Personal responsibility is important to young people; many would rather see initiatives to build confidence and change behaviour than to improve access to sexual health services. This theme came up repeatedly in focus groups and many students were quite vocal in preferring the promotion of personal responsibility rather than the provision of on-site sexual health services.