

Going All the Way

Further Education Sexual Health Needs Assessment

Volume Two: Context, Deep Dives & Appendices

A Research Report to the London Sexual Health Programme Board

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Michael Bell Associates

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The logo for Michael Bell Associates, featuring the lowercase letters 'mBA' in a bold, blue, serif font. The 'm' and 'B' are connected, and the 'A' is slightly larger and more prominent.

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1 CONTEXT

1.1 LITERATURE REVIEW

Our literature review uncovers the main research related to this field and uncovered a number of areas where sexual health services can be provided in a further education setting. These are identified below under a series of headings and will present the available evidence on the need for and provision of such services. The headings are:

1. Advice and assistance with the physical and emotional transition to adulthood
2. Pregnancy services including testing and referral to termination and Chlamydia screening and other STI testing with referral to GUM services

The WHO definition of Sexual Health is: *"Sexual health is the state of physical, emotional, mental and social well-being, related to sexuality: it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."*

Advice and assistance with the physical and emotional transition to adulthood

"...too many young people drop out of learning early - a significant number due to health and personal problems."¹

This is taken from the key publication *Improving Access to Sexual Health Services for Young People in Further Education*, which is targeted specifically at sexual health in FE colleges.

This publication covers a number of critical themes related to this research, namely it:

- o Briefly looks at the sexual health issues young people have to deal with today
- o The impact this can have on their learning

¹ Ministerial Forward to Improving Access to Sexual Health Services for Young People in Further Education: Department of Health, Department for Education and Skills, 2007

- Explains why it is important for young people that sexual health is addressed in further education settings
- Outlines the benefits for further education providers, PCTs and local agencies of working in partnership to provide on-site services
- Provides practical advice about how to set up a sexual health service in a further education setting and summarises good practice in this area
- Provides responses to frequently asked questions²

In its September 2008's publication *Handbook for Inspecting Colleges*, Ofsted uses provision of sexual health education as specific indicator in their assessments and state that "*issues of wellbeing of learners have always been central to inspection judgements.*"³

Examining the policy context, the 2008 report *Sex & Our City* highlights the need for "adequate investment in prevention" and "well resourced promotional services".⁴ It also highlighted that "many PCTs were unclear about mechanisms for engaging with service users". The London Wide *Sexual Health Framework* 2004 includes the commitment that "*services will be taken closer to the patient and to communities through increasing the role of primary care and community based Voluntary and Community Organisation services.*"⁵

The GLA's 2005 report *Improving Young People's Sexual Health* discusses the importance of services which are "designed in conjunction with and tailored for local young people".⁶ It goes on to discuss the lack of a guarantee of confidentiality in a school setting and contrasts this with young people welcoming the possibility to discuss sexual health outside the home. The report does not specifically discuss the role of FE colleges here but it is reasonable to infer that they offer a forum outside the home where a guarantee of confidentiality may be more viable. The report discusses too the importance of cultural sensitivity and of awareness raising taking place for some in a faith based context while recognising that for some "sexuality or lifestyle choices would lead them to be less open in a community or faith group". This does not refer specifically

² Improving Access to Sexual Health Services for Young People in Further Education: Department of Health, Department for Education and Skills, 2007

³ Handbook for Inspecting Colleges, Ofsted, September 2008

⁴ Sex in Our City: Achieving Better Sexual Health Services for London
MedFASH with London Health Observatory and Health Protection Agency, 2008

⁵ Improving Young People's Sexual Health, GLA Health and Public services Committee, 2005

to FE colleges but the 2007 DfES and DoH report *Improving Access to Sexual Health Services for Young People in Further Education* does very specifically refer to the confidence of students and confidentiality in colleges which are not available in a public clinic⁷.

It states that local education and health partnerships exist between PCTs and LEAs and are seen as key deliverers of the National Healthy Schools Standard.⁸ There are 33 such partnerships in London, nonetheless " *The variability of provision of sex and relationship education in compulsory education settings is clearly failing vast numbers of young people, generation after generation.*"⁹ Again, no specific mention of the role of FE colleges is made in this document.

Many boroughs are establishing 'Children and Young People's Partnership' Boards to oversee their response to their duties under the Children's Act 2004. Local Area Agreements too can influence sexual health provision. The GLA recommends both as part of an inclusive and collaborative approach to young people's sexual health.¹⁰

The Family Planning Association sees extended schools as an ideal place for sexual health services and the GLA's 2005 report states in one of the few specific references to FE colleges that " *there is also scope to extend both health and information services within Further Education colleges and other educational settings which cater for over 16s.*"¹¹

Referring specifically to sexuality, the report *Improving Access to Sexual Health Services for Young People in Further Education*¹² says:

"Sexuality is a subject that often gets left out of sex education. Lesbian, gay, bisexual and transgender (LGBT) young people say they feel excluded from both sex education and services when the focus is on conception and contraception. LGBT young people would like their needs to be acknowledged by service providers. In addition, homophobic

⁶ Improving Young People's Sexual Health, GLA Health and Public services Committee, 2005

⁷ Improving Access to Sexual Health Services for Young People in Further Education: Department of Health, Department for Education and Skills, 2007

⁸ Improving Young People's Sexual Health, GLA Health and Public services Committee, 2005

⁹ Written evidence from the Royal college of Nursing quoted in Improving Young People's Sexual Health, GLA Health and Public services Committee, 2005

¹⁰ Improving Young People's Sexual Health, GLA Health and Public services Committee, 2005

¹¹ Improving Young People's Sexual Health, GLA Health and Public services Committee, 2005

¹² Improving Access to Sexual Health Services for Young People in Further Education: Department of Health, Department for Education and Skills, 2007

*bullying is an experience that causes some young people to disengage from education."*¹³

Finally, the recent report *National Mapping Survey of On-site Sexual Health Services in Education Settings: Provision in FE and Sixth Form Colleges* by the National Children's Bureau¹⁴ presents findings from the first national mapping survey of on-site sexual health services in secondary and further education (FE) settings in England, giving a picture of how widespread on-site sexual health services in education settings now are.

The study finds that the development of on-site sexual health services in schools and colleges is supported across government policy concerned with the health and well-being of children and young people. The Teenage Pregnancy Strategy specifically recommends easier access to sexual health services as a key factor in reducing teenage conceptions. The value of investing in services in further education settings is explored fully in the guidance *Improving Access to Sexual Health Services for Young People in Further Education Settings* (DfES 2007a).

The Department for Children, Schools and Families and the Department of Health share a target to halve under-18 conception rates by 2010. At a local level, the primary care trust (PCT) and local authority are jointly responsible for delivering their local conception rate reduction target. The provision of sexual health services in education settings will contribute to achieving this target. Locating services in places where children and young people go is central to the thinking of *The Children's Plan* (DCSF 2007), which recognises that 'by locating services under one roof in the places that people visit frequently, they are more likely to find the help they need'.

The Children's Plan endorses the value and legitimacy of on-site sexual health services by committing to: increase young people's knowledge of effective contraception and improve their access to advice through encouraging the provision of on-site sexual health services in schools, colleges and youth centres. (DCSF 2007)

The Department of Health has also specifically indicated the important role that further education settings can play in improving access to contraception for young people. In February 2008, a total of £26.8 million in new funding to improve access to contraception

¹³ Improving Access to Sexual Health Services for Young People in Further Education Settings, Every Child Matter, Department of Health

¹⁴ National Children's Bureau 2008.

was announced by the Department of Health - with £3.5 million allocated specifically to develop services in further education.

While the National Healthy Schools programme and Extended Schools core offer are key drivers for service development in secondary schools, the Healthy FE Framework recently announced by the Department of Health promises to provide a structure through which further education providers can systematically address the health and well-being needs of their learners.

Further education institutions and local authorities are inspected against the five Every Child Matters outcomes for children. Helping young people access health services supports all children and young people in achieving the 'being healthy and 'staying safe' outcomes.

As part of the Machinery of Government changes announced in 2007, funding for education and training provision for 16-19 year olds is being transferred to local authorities. This change gives local authorities a clear responsibility for 14-19 provision alongside their responsibility for commissioning children and young people's services (DCSF 2008c). This will generate increased opportunities for partnership working between FE providers and the local authority in achieving the five outcomes for children. Furthermore, the government's proposals to strengthen Children's Trusts promise a stronger voice for FE providers. Under these proposals the 'duty to cooperate' in making arrangements to improve well-being within Children's Trusts would be extended to include FE and sixth-form colleges (DCSF 2008a).

Legislative proposals to raise the age of compulsory participation in education or training to 18 have wide-ranging implications for the role of further education in providing for young people's health and well-being. Already, an estimated 41.8 per cent of 16-year-olds attend FE and sixth-form colleges (DCSF 2008b). With a larger cohort of young people aged 16-19 attending further education, on-site sexual health services would have increased scope for improving access to services for young people who were formerly not in regular contact with a training or education institution and thus harder to reach. Taken together, there is strong and consistent support in government policy to make sure that all young people have the information they need to make informed choices about their relationships and sexual health; and can access confidential sexual health services in places that are convenient to them. More than 700,000 young people aged 16 to 18 are

currently enrolled in further education (DCSF 2008b). As a setting regularly attended by young people - and with participation in post-16 education set to increase - further education settings are central to making this vision a reality.

Services

As documented in the majority of the literature reviewed, London has a higher birth rate than the rest of the country. The natural population growth in London accounted for 70% of the total natural growth of the UK in 2001, even though it had only 12% of the total population. While the population of London as a whole is younger than for the rest of England, the population of Inner London is younger than that of Outer London; a third of this population is aged 20-34 compared to Outer London (23%) and England (20%).¹⁵

As referenced in the study *Sex and Our City*, a pilot sexual Health Management Tool is being developed based on the principles of the Expert Patient Programme using peer educators,¹⁶ which would seem to offer possibilities in a college environment.

The Audit Commission reported in 2003 that every £1 spent on contraception saved the NHS £11,¹⁷ however local London targets of reducing under-18 conception by between 40% and 60% are challenging. While teenage conception rates are falling the proportion ending in abortion is rising - to 61% in 2006. This compares to a 49% England average. 30% of abortions on London women under 25 were repeat abortions.¹⁸

Sex and Our City also highlights that a London wide framework to increase access to contraception, focusing on Long Acting Reversible Contraception (LARC) is to be implemented.¹⁹

The DfES guidance to Local Authorities and PCTs, titled *Teenage Pregnancy - Next Steps for Local Authorities and Primary Care Trusts on effective local delivery strategies*,²⁰ highlights a number of important issues primarily to do with the importance of recruiting

¹⁵ Sex in Our City: Achieving Better Sexual Health Services for London
MedFASH with London Health Observatory and Health Protection Agency, 2008

¹⁶ Sex in Our City: Achieving Better Sexual Health Services for London
MedFASH with London Health Observatory and Health Protection Agency, 2008

¹⁷ As quoted in Sex and Our City, 2008

¹⁸ Sex in Our City: Achieving Better Sexual Health Services for London
MedFASH with London Health Observatory and Health Protection Agency, 2008

¹⁹ Sex in Our City: Achieving Better Sexual Health Services for London
MedFASH with London Health Observatory and Health Protection Agency, 2008

and retaining young people in education, including:=

- o The importance of motivation to pursue education beyond 16 in avoiding pregnancy - career rather than parenthood as route to adulthood.
- o The link between leaving education and 16 and early high risky sexual behaviour
- o The need for training for professionals dealing with vulnerable young people such as Connexions advisors.

Expenditure at PCT level on commissioned sexual health services (excluding GP contraceptive prescribing) ranged from £646,452 in Bexley PCT (equivalent to £2.90 per resident) to £12,610,277 in Camden PCT (equivalent to £53.10 per resident). The average (mean) level of investment in terms of expenditure per resident in the PCT was £15.50. If GP contraceptive prescribing costs are included, expenditure per resident ranged from £5.46 (Bexley PCT) to £57.67 (Camden PCT).

There is a thirteen-fold variation in terms of the percentage of total PCT budget committed to commissioned sexual health services (excluding GP prescribing). The range was 0.23% (Bexley PCT) to 2.99% (Camden PCT) of the overall PCT budget, with an average (mean) spend of 1.07% of London PCTs' overall budgets invested in sexual health. Again, it must be noted that the analysis of investment does not take into consideration the full impact of GUM PbR and de-hosting, which is considerable.

Assessment of PCTs' expenditure on GUM services was complicated by the transition from block contracts to Payment by Results (PbR) during the study period, and by the fact that data presented were for hosted services, which no longer apply. However, some London PCTs reported investing more than £5 million in GUM services, while others invested less than £500,000.

Across London, a total of over £9 million was spent on contraceptive prescribing in general practice, ranging from nearly £600,000 to under £200,000 per PCT. Taking the size of the female population of reproductive age into account, the cost of prescribing per woman aged 15-44 shows a two-fold difference between the highest and the lowest.²¹

The National Chlamydia Screening Programme targets young men and women under 25

²⁰ Teenage Pregnancy - Next Steps for Local Authorities and Primary Care Trusts on effective local delivery strategies, DfES 2006

²¹ Sex in Our City: Achieving Better Sexual Health Services for London

years old, offering free testing, treatment and advice. This programme was due to be available in all PCTs by April 2007. In the period 2005-6, 1 in every 10 of the young people screened were positive, with infection rates peaking at 16-19 years in women and 20-24 years in men. According to *Sex and Our City*, in the five years from 2003 to 2008, the proportion of men screened in educational settings fell from 26% to 22%. It nonetheless still exceeds the proportion of women screened in educational settings which although it has risen steeply from 3% in 2003 is still only 10%.²² This role of educational establishments is important in pursuing equality targets because men are less screened than women in general. Additionally, the Health Protection Agency's 2008 *Annual Report and Accounts*²³ launched the Sexual Health Promotion Office as a new dedicated function of the agency and makes a case for ensuring gender equality in Chlamydia screening.

1.2 AGGREGATE SEXUAL HEALTH PERFORMANCE IN LONDON

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 received positive diagnosis 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% from 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 the UK.

MedFASH with London Health Observatory and Health Protection Agency, 2008

²² NCSP: 5 years, 5th Annual Report of the National Chlamydia Screening Programme 2007/2008

²³ Annual Report and Accounts 2008, Health Protection Agency

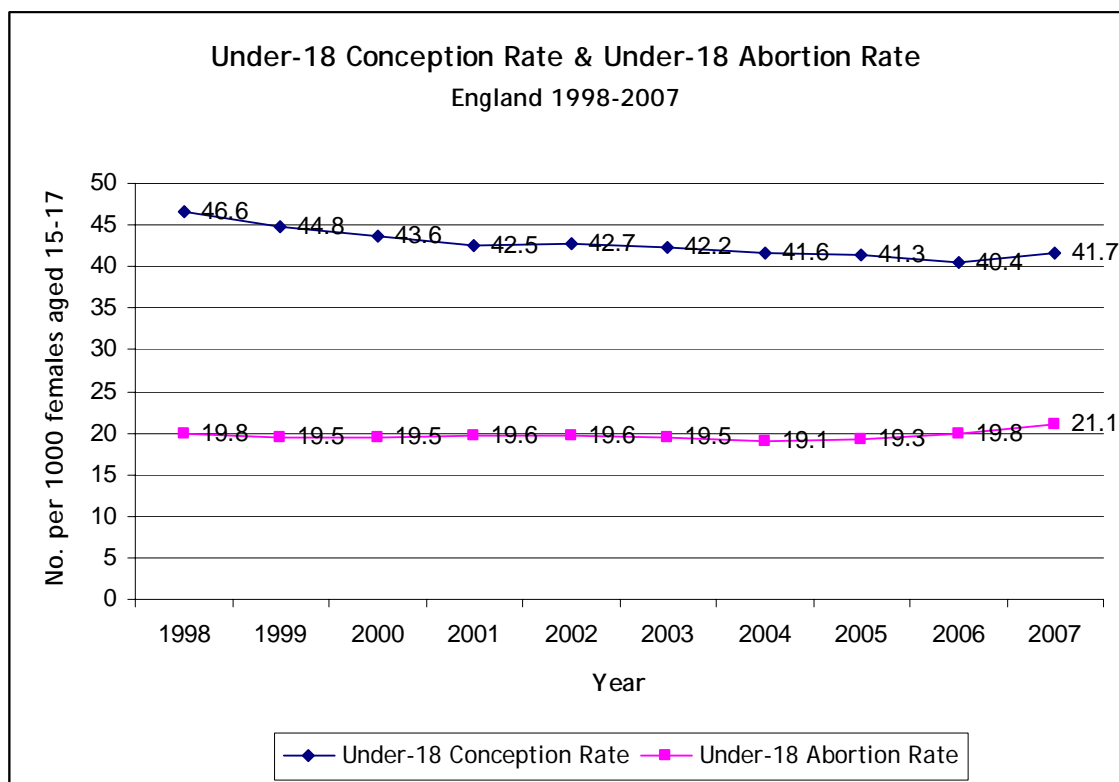
TEENAGE PREGNANCY

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.²⁴

The 2007 under-18 conception rate for England was 41.7 per 1000 girls aged 15-17; in comparison the London rate was 45.6 per 1,000 girls aged 15-17 years old. In 2008:

- The total number of abortions in England and Wales was 195,296, compared with 198,499 in 2007, a fall of 1.6%
- the age-standardised abortion rate was 18.2 per 1,000 resident women aged 15-44, compared with 18.6 in 2007
- the abortion rate was highest at 36 per 1,000, for women age 19, the same as in 2007
- the under-18 rate was 18.9 per 1,000 women and the under-16 abortion rate was 4.2, both lower than in 2007
- 90% of abortions were carried out at under-13 weeks gestation; 73% were at under 10 weeks.

²⁴ *Improving Access to Sexual Health Services for Young People in Further Education Settings: Every Child Matters*, Department of Health, 2007.



Sources: Teenage Pregnancy Unit, 2008, and Department of Health Abortion Statistics, 2008

As the above chart shows, there has been a recent trend where as the conception rate in under-18 year olds decreases overall, the under-18 abortion rate is slightly increasing.²⁵ The following table also includes the percentage of conceptions leading to legal abortion (abortion proportion) which has been increasing more rapidly than the abortion rate. It is important to note that the abortion proportion is not the same thing as the abortion rate, which measures the rate of abortions per 1000 women.

Under 18 Conceptions for England: 1998-2007²⁶

Year	Under 18 conceptions	Under 18 conception rate	Under 18 abortion rate	Percent leading to legal abortion (all ages)
1998	41,089	46.6	19.8	42.4
1999	39,247	44.8	19.5	43.5
2000	38,699	43.6	19.5	44.8
2001	38,461	42.5	19.6	46.1

²⁵ The 2008 under-18 abortion rate however was 19.0. It was not included in the chart because the latest under-18 conception rate figures are from 2007.

²⁶ Source: Office for National Statistics and Teenage Pregnancy Unit, 2008.

2002	39,350	42.7	19.6	45.8
2003	39,553	42.2	19.5	46.1
2004	39,593	41.6	19.1	46.0
2005	39,804	41.3	19.3	46.8
2006	39,003	40.4	19.8	48.9
2007	40,298	41.7	21.1	50.6

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 2008 there were 3,128 abortions in girls aged under 18 years in London;
- The teenage conception rate in London in 2007 was 45.6 per 1,000 15-17 year old females compared to 41.7 per 1,000 for England.
- The highest under-18 abortion rates were in the Boroughs of Southwark and Lewisham in 2008, with rates of 40 and 39 abortions per 1,000 young women, respectively
- 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)

Number of births per 1,000 females aged 15-44, by area of London, 2002-2006

Area	2002	2003	2004	2005	2006
England	54.78	56.90	58.36	58.51	60.34
London	58.55	61.10	62.46	62.74	65.82
Inner London	56.19	58.54	58.27	60.59	63.43
Outer London	58.39	61.15	63.44	64.43	67.71
North East London	66.84	69.63	72.13	66.52	75.69
North Central London	56.32	58.28	59.65	60.33	61.05
North West London	55.82	57.57	58.42	58.14	62.37
South East London	59.05	62.65	63.97	65.24	67.27
South West London	54.43	57.26	58.18	58.34	62.33

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%).

ACCESS TO CONTRACEPTION (UNDER 24)

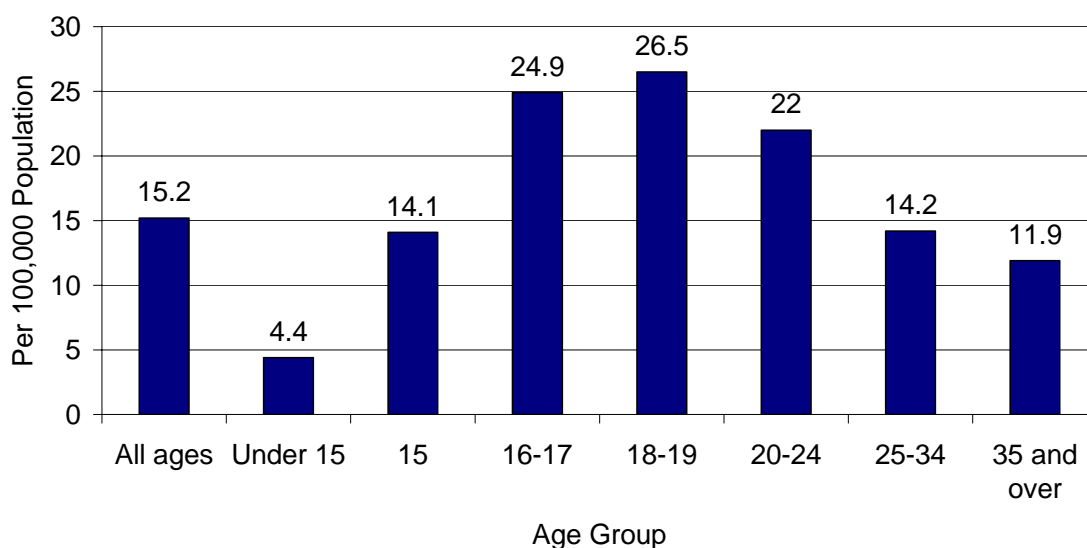
It is estimated that nationally three quarters of contraceptive consultations take place in general practice, whilst the majority of the remaining provision takes place in Community Sexual and Reproductive Health (CSRH) Services.²⁷ It is well recognized that the data available on clinical activity from both majority contraceptive settings is inadequate. The Healthcare Commission has recognized the lack of an indicator that provides a reliable assessment of access to contraception for PCT performance monitoring and is therefore relying more on process type indicators.

However, first contact attendances at CSRH services offer a useful indicator for determining how much the services are being used. A first contact is defined as the first time a client is seen in the year by professional staff in a clinic or domiciliary visit for counseling or to be prescribed contraceptives. In London, 547,500 attendances were made at community contraceptive services in 2006/07. Of these, 292,000 were women first contacts and 21,400 were first contacts for men. It is important however to highlight the wide regional discrepancies in CSRH first contacts amongst under-20 year olds. In London during 2006/07 only 16% of first contact attendances at CSRH were under-20s, while nationally the figure was 30%.

The following table presents female first contacts in London for 2006/07 by age group. It shows that 16-24 year olds are the largest users of community contraceptive services in the capital.

²⁷ See *Sex & Our City*, p. 30.

**First Contacts with Women at Community Contraception Clinics
in London (per 100,000 Population)**



STIs AND HIV PREVALENCE TRENDS IN LONDON²⁸

STIs are more common amongst young people than any other group in London. In particular, diagnosis rates of Chlamydia, genital warts, gonorrhoea and herpes amongst young people have been rising in recent years and present a dramatic public health challenge for London. The following sections present diagnosis rates of STIs amongst young people in London in descending order from the most common, Chlamydia, to the least common, HIV.

1.2.1.1 Chlamydia

Young people are disproportionately affected by most STIs, especially Chlamydia. Two-thirds of cases of Chlamydia are among young men and women aged 16-24 years. In women, the highest rates of genital Chlamydia infection are in 16 to 19 year olds, whilst in men highest rates are seen in those aged 20 to 24. The impact of acute STIs is also high for younger Black Caribbean, Black African and other Black populations. Yet young people are the group least likely to access services.

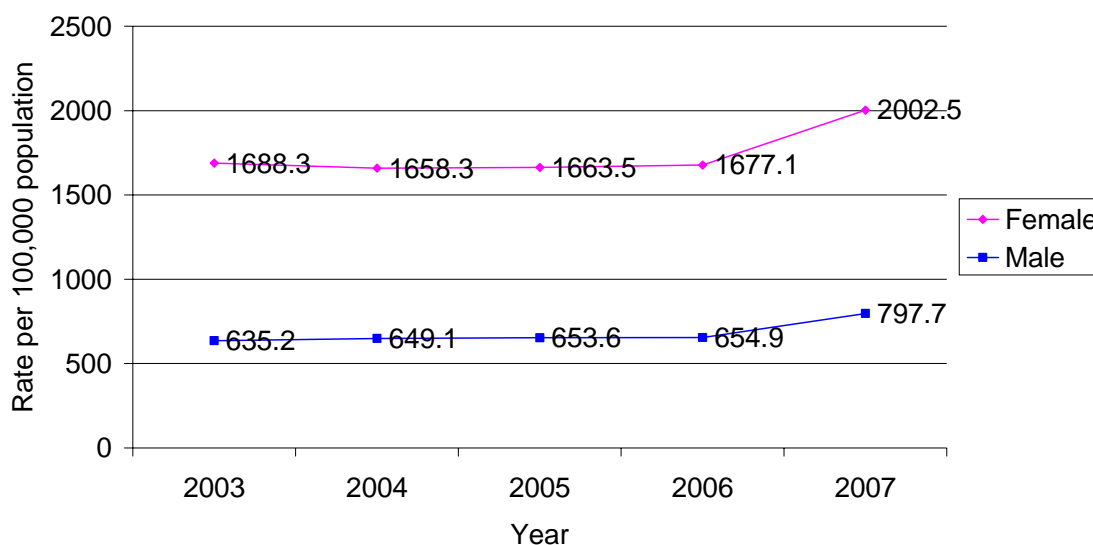
There is a wide variation in screening rates across London's boroughs from 1.1% to 19.9%, with an average of 4.9%. However the variation in positivity rates suggests that effective targeting of screening is a highly significant factor in effectiveness, with some boroughs such as Havering having very high positivity rates as well as low screening coverage.²⁹

²⁸ This data has been provided by the Health Protection Agency (HPA)

²⁹ *Sex in Our City: Achieving Better Sexual Health Services for London*

There are striking differences between young men and young women in their use of sexual health services. 82% of the participants in the National Chlamydia Screening Programme in 2005/6 were young women. Young men are also less likely than young women to access community contraception services or their GP. Childline's call records show that young men tend to access services at crisis point.³⁰

**Rates of Diagnoses of Chlamydia in London 2003-2007
16-19 Year Olds - by Gender (per 100,000 population)**

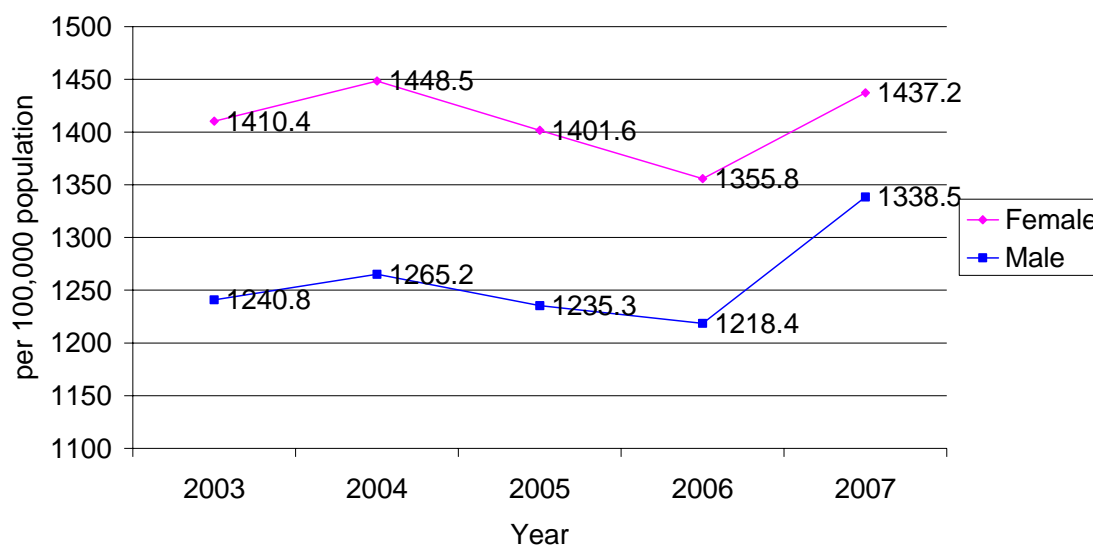


The rate of Chlamydia diagnosis in females aged between 16 and 19 years old is almost three times higher than the rate found in males of the same age in London. However when looking at the trend of these diagnoses between 2003 and 2007, the overall trend of diagnosis is similar between genders. There was a reasonable increase in diagnoses between 2006 and 2007 in both males and females in London.

MedFASH with London Health Observatory and Health Protection Agency, 2008.

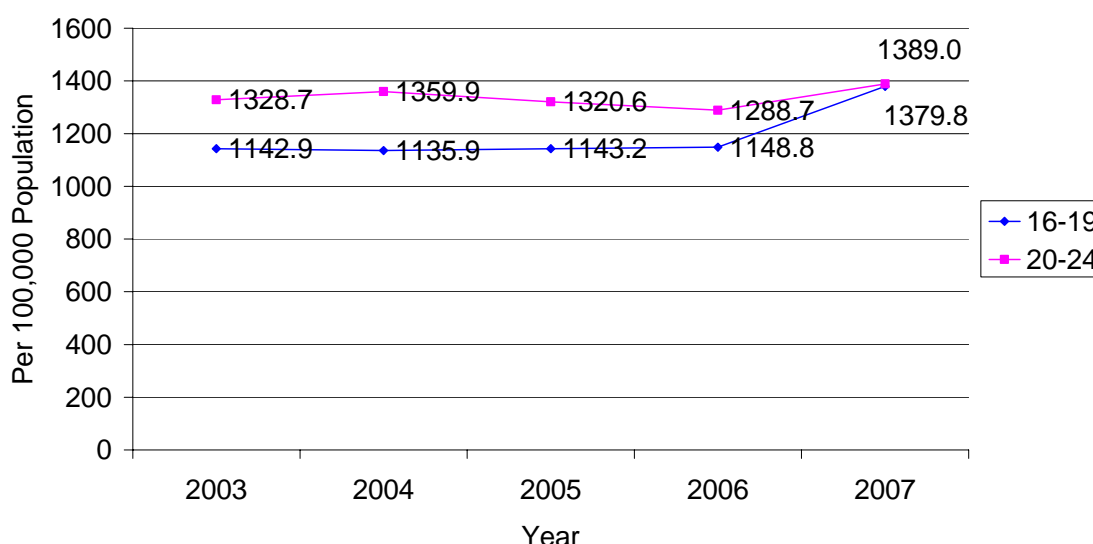
³⁰ Improving Access to Sexual Health Services for Young People in Further Education: Department of Health, Department for Education and Skills, 2007

**Rate of New Diagnoses of Chlamydia in London 2003-2007
20-24 Year Olds - by Gender (per 100,000 population)**



In contrast to the 16-19 years old age group, the 20-24 year old age group in London shows a less steady trend of diagnosis. There was a steady decrease in both males and females between 2004 and 2006; however the rate of diagnosis in both males and females rose sharply between 2006 and 2007. Males aged 20-24 saw the greatest increase in Chlamydia diagnosis in London in this period.

**Rates of New Diagnoses of Chlamydia in London 2003-2007
by Age Group, (per 100,000 population)**



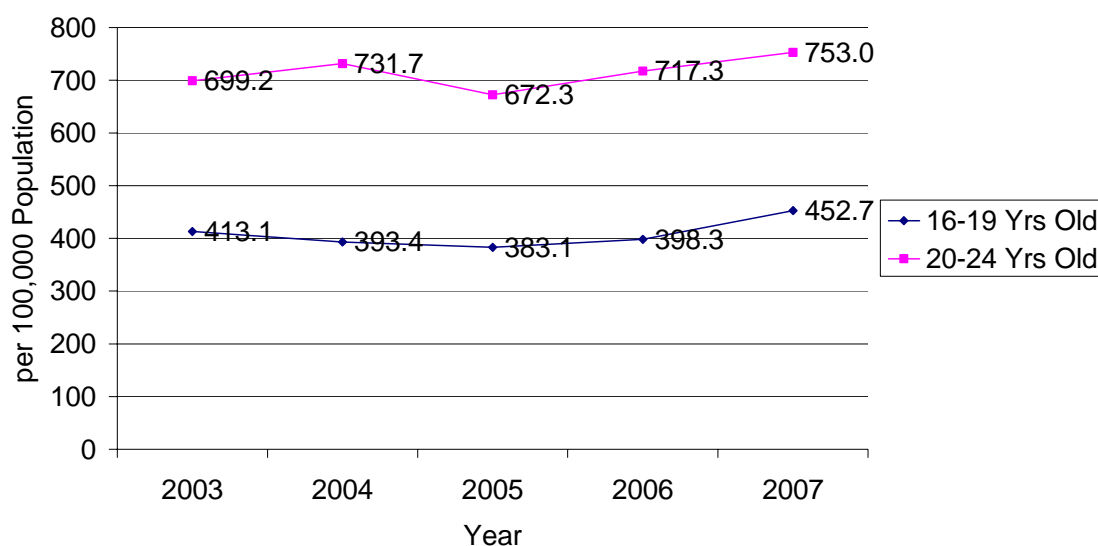
Looking at both age groups overall, there is a marginally greater diagnosis rate in those aged 20-24. Overall both age groups showed a similar, steady trend across 2003-2006; with the average diagnoses rate in 16-19 year olds holding at around 1,150 per 100,000 and 1,350 per 100,000 for those aged between 20 and 24 years old. However those aged

between 16 and 19 saw the greatest increase in diagnoses between 2006 and 2007 (20% increase in 16-19 yr olds compared to 8% increase in 20-24 year olds).

1.2.1.2 Warts

Genital warts remain one of the most common types of infection in young people in London. Although the rate of diagnosis hasn't increased as greatly over the last 5 years as many of the other STIs prevalent in London, there was a 4% increase in 2006-2007 in those aged 20-24, at 753 per 100,000 and a 12% increase in 16-19 year olds (452 per 100,000).

**Rates of New Diagnosis of Genital Warts in London 2003-2007
by Age Group (per 100,000 population)**

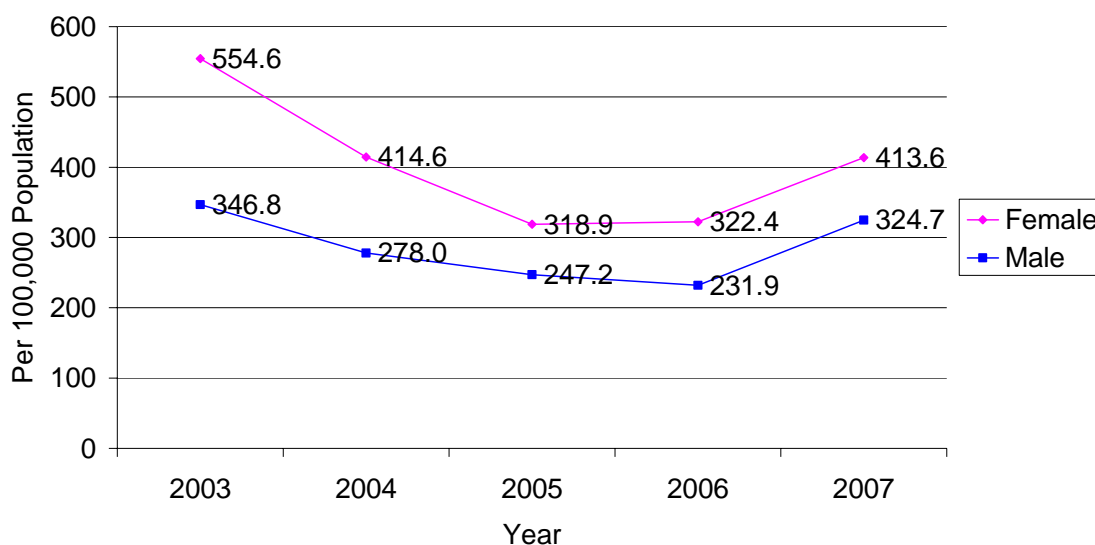


1.2.1.3 Gonorrhoea

There is an increasing rate of diagnosis of Gonorrhoea in young people in London, with gonorrhoea cases increasing in under-25s by 190% between 1999 and 2004.³¹

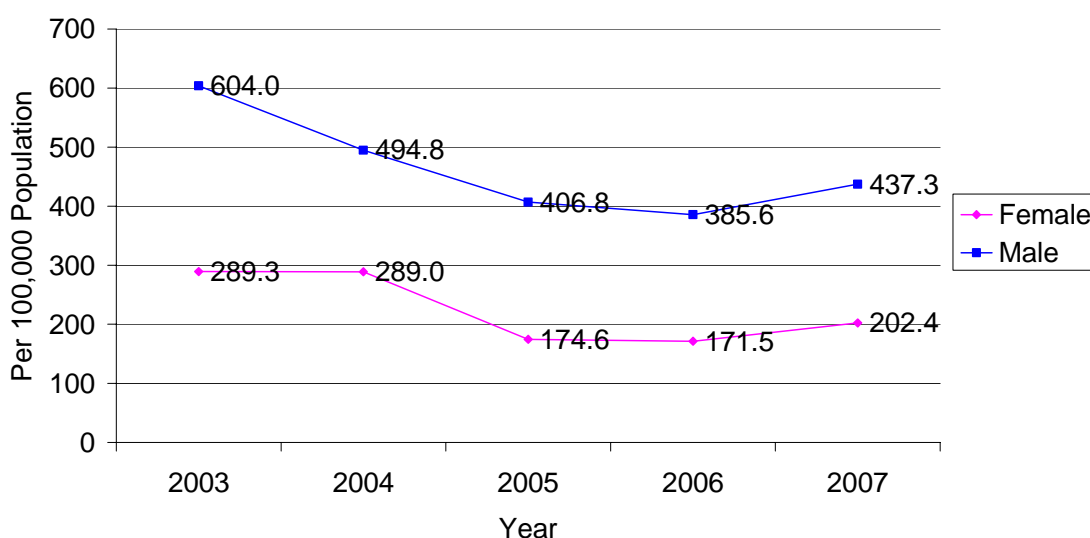
³¹ Improving Young People's Sexual Health, GLA Health and Public services Committee, 2005

**Rates of New Diagnoses of Gonorrhoea in London 2003-2007
16-19 Yrs Old - by Gender (per 100,000 Population)**



The rate of Gonorrhoea diagnosis in London decreased in both males and females aged between 16 and 19 years old between 2003 and 2006. The rate in males fell from 346.8 to 231.9 per 100,000; in females it fell from 554.6 to 322.4 per 100,000. However in 2006 the rate of diagnoses began to increase; from 322.4 to 413.6 per 100,000 in females and 231.9 to 324.7 in males; an increase of 22% and 28% respectively.

**Rates of New Diagnoses of Gonorrhoea in London 2003-2007
20-24 Yrs Old - by Gender (per 100,000 population)**



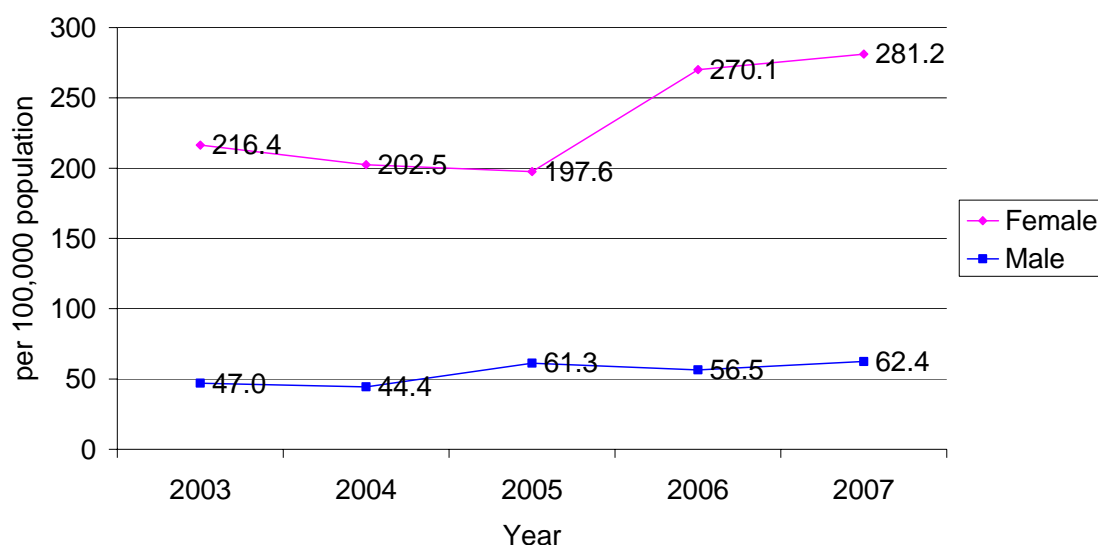
Between 2006 and 2007, there was a 12% increase in males aged 20-24 in London and a 15% increase in females of the same age group. Compared with figures in 2003, diagnosis of gonorrhoea in those aged between 20 and 24 was 30% less in 2007 in females and 28%

less in males.

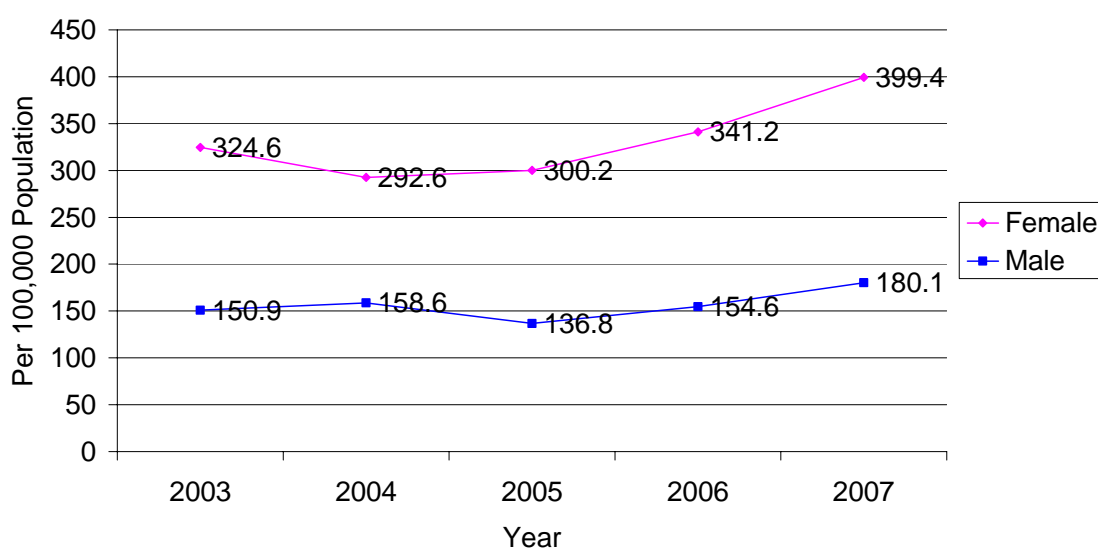
1.2.1.4 Herpes

Rates of herpes diagnosis amongst young people have also been increasing since 2005. Most dramatically, the rate of new herpes diagnoses in London amongst 16-19 year-old women increased by 42% between 2005 and 2007 as the following chart demonstrates.

**Rates of New Diagnoses of Herpes in London 2003-2007
16-19 Yrs Old - by Gender (per 100,000 Population)**



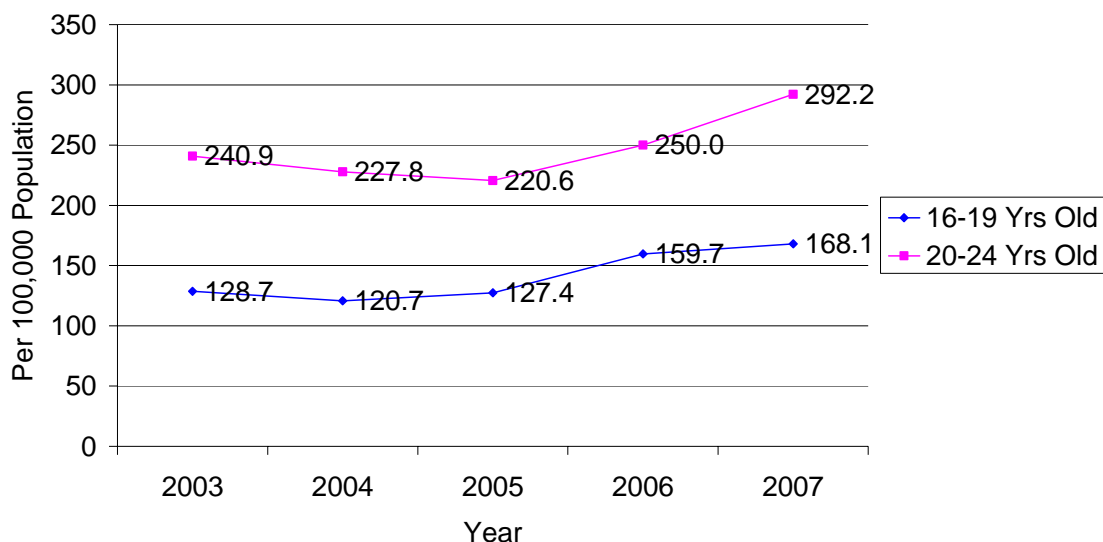
**Rates of New Diagnoses of Herpes in London 2003-2007
20-24 Yrs Old - by Gender (per 100,000 population)**



The rate of herpes diagnosis in females is far higher than that of males, in both the 16-19 year old and 20-24 year old age groups. As the above charts indicate, rates of herpes diagnoses have increased in both males and females aged 16-19 years old over the past 3

years. The chart below, representing overall rates of diagnosis in those aged 16-19 and 20 and 24, indicates that rates in these age groups are increasing each year since 2005.

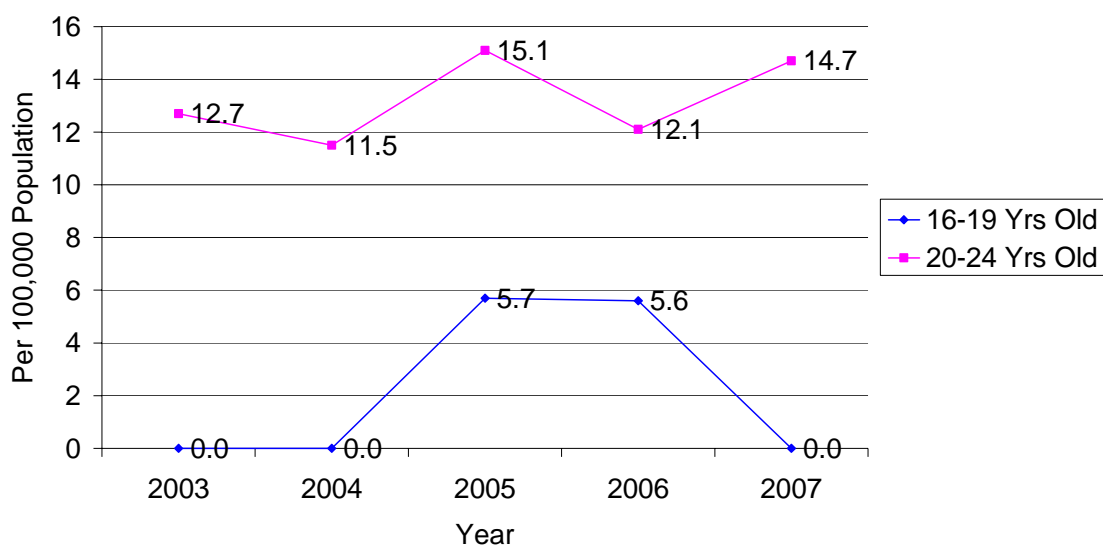
**Rates of New Diagnoses of Herpes in London 2003-2007
by Age Group (per 100,000 population)**



1.2.1.5 Syphilis

Diagnoses rates of Syphilis are far lower than that of other STIs. Syphilis is hardly prevalent at all in those aged younger than 20 years old; in those aged between 20 and 24 there has been a fluctuating pattern of prevalence since 2003, with a 37% increase occurring between 2006 and 2007. There have been several outbreaks of syphilis in recent years (in those aged 20 and above) despite its virtual eradication in the early 1990s.

**Rates of New Diagnoses of Syphilis in London 2003-2007
by Age Group**

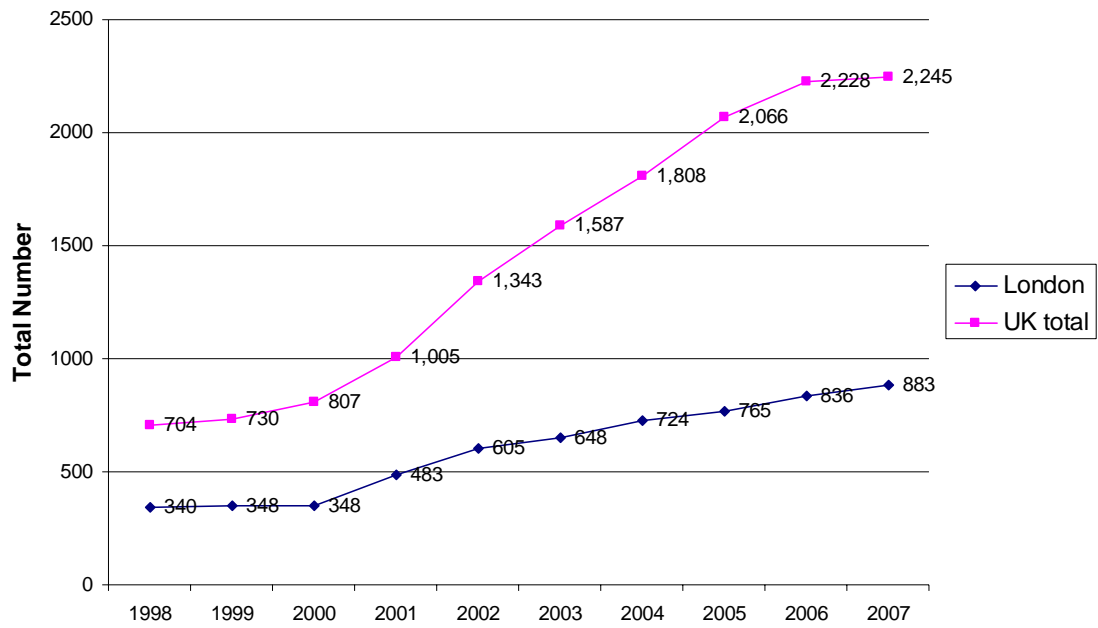


1.2.1.6 HIV

The number of HIV-infected young adults (16-24) seen for care in London has risen since 1998 by 160%, from 340 cases in 1998 to 883 in 2007. However, London's increase in HIV-infected young adults seen for care has not risen as dramatically as in the rest of the UK. Whereas in 1998 London's share of HIV-infected young adults seen for care made up 48% of the UK total, by 2007 London's share had dropped to 39% of the UK total. A third of London's total residents (all ages) with HIV are diagnosed late (having a CD4 count of less than 200 cells mm³), with variations from 19% to 48% in the late diagnosis rate across the city. North East and South East London dominate the late diagnosis table.³²

³² *Sex in Our City: Achieving Better Sexual Health Services for London*
MedFASH with London Health Observatory and Health Protection Agency, 2008

Diagnosed HIV-infected Young Adults (16-24) Seen for Care (SOPHID)



2 DEEP DIVE

2.1 INTRODUCTION AND METHODOLOGY

An in-depth study of what is happening on the ground in Further Education and Sixth Form Colleges was carried out in 20% of the boroughs across London. The boroughs were identified in context of:

- Geographical spread - ensuring all NHS sectors (sub-regional groupings)
- Inner and outer London profiles
- Demographic profile, reflecting both ethnicity and relative levels of deprivation
- Political control of the Local Authority to ensure representation of Conservative, Labour and Liberal Democrat led areas
- Areas of relatively high, and relatively low, sexual health performance (based against two or three key indicators affecting young people, e.g. levels of Chlamydia screening, rates of STIs, teenage pregnancy trajectory, and services identified in the mapping carried out by the Sex Education Forum).

Seven boroughs were ultimately identified, with the profiles identified in the table below:

Borough	Sector	Inner/Outer	Relative Deprivation	Ethnic Mix	Political Control	TP trajectory (RAG)	FE College service
Barking & Dagenham	ONE	Outer	HIGH	LOW	Lab	RED	Advanced
Camden	NC	Inner	HIGH	HIGH	NOC	AMBER GREEN	No info
Croydon	SW	Outer	MID	MID	Con	RED	None
Haringey	NC	Both	MID	HIGH (IN EAST)	Lab	RED	Advanced
Southwark	SE	Inner	HIGH	HIGH	NOC (Lib Led)	AMBER RED	Basic
Tower Hamlets	INE	Inner	HIGH	HIGH	Lab	AMBER GREEN	Advanced
Westminster	NW	Both	LOW	MID	Con	AMBER RED	Basic

From each borough the aim was to get a verified picture of what is on offer for students in further education, of any identified needs, including those unmet / gaps and of what are the future hopes and ambitions for further meeting the sexual health needs of the

students.

Interviews with Further Education and Sixth Form Colleges

In each Borough, further education and sixth form colleges were identified, with the focus on FE colleges as separate institutions from the local secondary schools. In most boroughs there are other smaller, independent or vocation-focused further education institutions and in some boroughs some of these institutions were approached. A semi-structured interview schedule was developed, looking at any sexual health service provision, sexual health needs of the students and plans for any future developments.

An explanatory email was sent to each college Principal / Head, including a briefing sheet about the research and requesting a short telephone interview with the person best qualified to provide the information. Due to the realities of exams, inspections and general high demands on college staff, it was necessary in many instances to do a lot of follow-up work to arrange the interviews. Two colleges refused to participate, one due to time constraints and the other stated they were 'not interested'. In total 13 interviews were carried out, with a mix of Principals and head of student support services.

Interviews with Sexual Health Commissioners and Teenage Pregnancy Coordinators

The sexual health commissioners and teenage pregnancy coordinators in each borough were identified in order to gain an overview of commissioning strategies and plans for the future. Again a semi-structured interview schedule was developed to look at these issues in each borough.

All commissioners and coordinators were contacted by email, with a research briefing sheet and requesting a short telephone interview. In total six sexual health commissioners were interviewed, with one borough not having a commissioner currently in post. Interviews were carried out with all seven teenage pregnancy coordinators / leads.

2.2 OVERVIEW OF EMERGING ISSUES FROM THE DEEP DIVES

Throughout the interviews there were several repeating themes that came out, in terms of needs, supports and future directions.

Issues coming from the PCTs / commissioners / TP leads and the FE colleges together include:

- Both commissioners and FE providers identified the importance of developing positive relationships and the need to have in place a strong senior strategic lead on both sides
- Most commissioners and providers recognised the need for improved coordination and communication both within the colleges and PCTs and between the colleges and PCTs
- There was some discomfort that work is being driven by targets and less by an in-depth assessment of needs
- Cross-borough issues - students come from all over, but many target drivers are borough-specific and there are potential conflicts about the provision to out-of-borough students
- Varying and wide-ranging student ages in the colleges and how to target specific age groups are challenging for both colleges and commissioners
- Both commissioners / TPCs and colleges indicated a desire to move towards a more holistic health provision, less focused on sexual health and offering wider entry paths to support for students
- Concern by many for those young people not in any institutions who need information and support.

Issues coming from the FE colleges include:

- For many Chlamydia screening has been the major lead-in and driver for any sexual health provision, with colleges supporting local NHS organisations in meeting their screening target and this needs to be linked to wider sexual health issues and needs
- Very differing levels of partnership work of the colleges with the PCTs and other local agencies, which are often dependent on individual staff interest and motivation
- Colleges which have students under-sixteen feel the need to address their specific needs in relation to safety and child protection and how this impacts on a broad screening programme
- Reluctance by some colleges to look at direct service provision, with full contraceptive care and support due to fear, concerns about cultural issues and lack of assessment of needs
- Lack of data about real needs, for example no college could actually provide information on attrition rates due to pregnancy as this information is not collected

- Colleges fears of cultural insensitivity with provision of any up-front sexual health services and reluctance to address the sexual health needs of the students
- Confusion between the colleges about the status of the development of 'Healthy Colleges'

Issues specific to the PCTs and commissioners include:

- In the majority of the boroughs, both the teenage pregnancy and the sexual health strategies were currently under review and the priorities were only emerging with a lack of clarity as to who/what will be the drivers of change
- On the whole sexual health commissioners were not always fully aware or informed of what was happening on the ground, were less aware of what was happening in the colleges and were less likely to have strategic actions specific to further education
- Staff changes and vacancies often mean a lack of consistency and coordination and increasing difficulties for colleges to 'get into' the PCTs and know *who* to approach.

Dialogues should be developed to address these issues and identify the real impacts they have on young people's access to appropriate services and also what steps could be taken to minimise the impact.

2.3 SERVICE MAPPING OF THE DEEP DIVE BOROUGHES

The following table is a quick reference guide to the borough-wide sexual health services and initiatives targeting young people in each of the deep dive boroughs at the time of this research.³³ Each deep dive borough is covered more comprehensively in Section 2.4 that follows.

Table of Borough-wide Sexual Health Services Targeting Young People			
<i>Borough</i>	<i>Sexual Health Commissioner</i>	<i>Teenage Pregnancy Coordinator</i>	<i>Current and Future Initiatives</i>
Barking & Dagenham	In post	In post	<ul style="list-style-type: none"> • Planning to commission developing SRE materials for post-16s and a coaching programme • Sexual & Reproductive Health Strategy out for consultation • Chlamydia Screening Programme • SHOES worker • Youth Bytes & C-Card
Camden	In post	In post	<ul style="list-style-type: none"> • SHET • Chlamydia Screening Programme • Sexual Health Strategy under review
Croydon	Post vacant ³⁴	In post	<ul style="list-style-type: none"> • DASH delivered between Teenage Pregnancy Coordinator and other colleagues in PCT/LA and voluntary sector • Young Peoples Sexual Health Outreach Nurse • Developing permanent Young Peoples Sexual Health Outreach Team with funding from PCT commissioning strategy 2008/09
Haringey	In post	In post	<ul style="list-style-type: none"> • 4YP • SRE training • C-Card pilot and Medi-Vend • Currently reviewing Sexual Health Strategy • Developing Teenage Pregnancy Action Plan for 2009 • Chlamydia Screening Programme
			<ul style="list-style-type: none"> • Teenage Pregnancy Strategy currently

³³ Deep dive interviews were carried out during April-May, 2009.

³⁴ This post has been filled as of July 2009.

Southwark	In post	In post	being rewritten <ul style="list-style-type: none"> • Chlamydia Screening Programme
Tower Hamlets	In post	In post	<ul style="list-style-type: none"> • Young People are an integrated part of the Sexual Health Strategy • Chlamydia Screening Programme working in colleges • Clinica to open soon • CASH services to deliver sexual health services on hub & spoke model
Westminster	In post	In post	<ul style="list-style-type: none"> • Currently developing new Sexual Health Strategy • Currently developing new Teenage Pregnancy Strategy • Large needs assessment underway • Chlamydia Screening Programme • Investment bid for FE nurse

2.4 INFORMATION BY BOROUGH

BARKING & DAGENHAM

a) **Barking College** - Barking College is not actually located in the Borough of Barking but does have many students who live in Barking. It has around 12,000 learners, of whom 3,000 are attending full-time and the majority are aged 16 - 19 years. In the National Mapping³⁵ the College was listed as having 'advanced' status.

At the college there is a fulltime nurse in term-time. In addition they have a weekly contraceptive clinic, provided at the two sites with the full range of contraceptive methods available. Coming out of their pilot work as part of the 'Want Respect' campaign, they have recently developed partnership work with Brook London. The SHOES workers come in at the same time as the contraceptive clinic to provide relationship advice, information and advice and access to condoms, including both one-to-one and group work. In addition SHOES staff are supporting tutorials and specifically working with those young people at risk of exclusion. The College does not have a problem with students becoming pregnant and would ensure support was put in place to enable those who wish to continue with their course. They commission a specialist, special needs sexual health worker to support staff working with young people with special needs, as well as work directly with some of the students.

The developing partnership work has supported the College to put in place a more balanced programme, linking the clinical needs, to advice, information and SRE work. It has also enabled access to more local agencies to link in and gain more support. They are aiming to improve the coordination and communication across the College, ensuring all staff know what is available and how students can use it.

b) **The Adult College** - The Adult College in Barking offers courses across the Borough to around 5,000 students, the majority of whom are over 25 years and therefore services just targeted at young people are less appropriate to their needs. The College was not listed in the National Mapping.

However, they have: a SHOES (Sexual Health Outreach and Education Service, managed by Brook London and funded by the London Borough of Barking and Dagenham) worker who comes in once a month to work with specific groups of young people identified as at risk of sexual ill-health; Chlamydia screening; and work developed by the welfare officer which links to sexual health.

The greatest needs for support are with the groups of students doing apprenticeships; though overall it is not a priority need for the college due to the age demographics. They would like more health input but it would need to be for all age groups, not just young people and they are not sure where they would secure funding.

c) **Sexual Health Commissioner** - There are no specific services commissioned but they are currently working on various proposals for curriculum development. At the moment they are seeking to commission work to develop SRE teaching materials for post-sixteen students, which will be linked to a coaching programme to support the teachers in delivering the materials and will be rolled out to the three local sixth form colleges and available to the College. Students will be consulted and involved in the development of these materials. There are several pending bids for money which are more focused on secondary schools but will be supportive of further education work: to develop road shows to secondary school staff; to study the specific local needs in context of the changing local demographics and explore cultural attitudes to contraception; to develop a board game of local signposting and confidentiality issues; and to develop SRE tools for

³⁵ Emmerson, Lucy - Sex Education Forum "National Mapping Survey of On-Site Sexual Health Services in Education Settings: Provision in FE and sixth-form colleges" National Children's Bureau, London, 2008

single gender work. They support a pop-up link on the Barking College intranet site, looking at sexual health needs and information.

d) Teenage Pregnancy Lead - The role of teenage pregnancy coordinator in Barking and Dagenham PCT is split between Public Health and the head of services for children and young people, aiming for greater integration. They have a 'Sexual and Reproductive Health Strategy for Children and Young People' currently out for consultation. One big issue for the PCT is that Barking College is actually not in the Borough and there are cross-borough issues that need addressing. However, they do support: outreach into the College to run events and provide information and signposting; Chlamydia screening; a school nurse based in the College; Youth Bytes, C-Card and the Young People Friendly website and information. Future plans include sexual health promotion work in sixth forms linked to secondary schools and assess needs and opportunities at Barking College. In September they will launch an integrated youth card (up to 19 years), 'Access & Connect', supporting access to leisure services, libraries and condom distribution and linked to incentives for school attendance and achievements.

The main challenge identified is the issue of cross-borough migration of students and how to develop more than local approaches. There is also a concern for those young people 'out of the loop' and not linked to a sixth form or college but more to vocational training and also about identifying the distinct and differing needs of the various age groups, and ensure services are targeted appropriately. They are carrying out a review of the specific health needs of the post-sixteen group of young people.

CAMDEN

Camden Borough has no specific further education colleges based within the Borough, though it does have numbers of higher education institutions. Therefore Camden young people use the college facilities of neighbouring boroughs, including City & Islington, Westminster Colleges and the College of North West London.

a) **City & Islington College** - City & Islington College has five centres on four sites and over 13,500 students, with 3,500 young people and the majority adult learners. There are four colleges and sites, each of which has autonomous directors with a core of cross-college work. In the National Mapping the College was listed as having 'specialist' status.

The core cross-college sexual health work is led by the Students Union who organise: welcome weeks at all sites with local health service providers present offering information and advice; through the 'Want Respect' programme the training of peer mentors and campaigns at each of the three sites for two days; and one-off Chlamydia screening events. Due to security issues students are only able to access the site where they are registered and so events in one college are only accessible to students on site.

At the Sixth Form College, there is a weekly contraception clinic offering the full range of contraception, counselling, Chlamydia screening and referral to other services as required. This is complemented by SRE work in tutorials and with a range of different activities for GCSE students. The other Colleges organise tutorial sessions as and when requested by tutors or students. The sexual health needs of the students are seen as 'many and diverse', with a lot of hidden and unknown implications for the students. The College has just allocated money for a small project to develop resources and identify links to support tutors in the delivery of sexual health issues to students with special needs, physical and emotional. Ideally, they would like a full-time nurse to work across the four sites and provide a full contraceptive / sexual health service within the Colleges. Sustainable funding is the biggest barrier to this, as well as ensuring equitable access to all sites and also some religious issues. They are aiming to ensure the SRE work focuses on relationships and self-esteem, the ability to 'say no', and that it is put into the wider contexts of the young people's lives. They are currently looking at developing more staff training and programmes about sexuality and homophobia.

b) **College of North West London** - CNWL works on three sites in Kilburn, Willesden and Wembley Park, with a student body of over 14,000. The majority of the students are over 25 years but 16% are aged 16-18 years and 24% 19-25 years. In the National Mapping the College was listed as having 'basic' status.

The College currently has: monthly Chlamydia screening sessions, condom distribution with information, and sexual health tutorials. The tutorials are developed in response to requests from both students and teachers and have included: teenage pregnancy, sexual health, delay training (to staff to do with their tutor groups). They run several health fairs each year and sexual health is included on these days.

There were no specific sexual health needs identified other than 'ongoing issues'. They would like to develop an on-site provision where students could go for confidential

support and are currently looking at the possibility of condom vending machines. They value the positive relationship with local health workers who 'will come in at the drop of a hat' but feel that the barriers to developing what they would like are funding and enough time to develop new services.

c) **Sexual Health Education Team (SHET)** - The SHET team works across Camden and Islington, supporting schools and colleges with developing and offering sex and relationship education. SHET coordinates a pool of sexual health experts to support teachers and provide SRE in the sixth form colleges across the Borough, including the Kingsway Centre of Westminster Kingsway and City and Islington College. They run sexual health stalls at lunchtimes as one-off events. Providing information, advice and access to local services. They also present SRE classes, usually in tutorial sessions but also in response to requests (e.g. to social care students about working in the field of sexual health). They also offer a special programme each year to students newly arrived in the UK, many of whom do not speak English as a first language. The course has three sessions: contraception, STIs, and a visit for all students to a local clinic. It is also offered to students with learning disabilities. The major problem is that they do not have the capacity to meet the demands and therefore are unable to actually promote their work. There are also challenges of communication in organising the sessions.

d) **Sexual Health Commissioner** -The sexual health strategy is currently being reviewed. Their work with the colleges is through the SHET work and the Chlamydia screening being carried out by outreach staff from Public Health. They are supporting the pilot development of an on-site sexual health service at Westminster Kingsway College (see under Westminster). There are the ongoing Chlamydia screening and condom distribution services and they are currently looking for ongoing funding for these. Chlamydia screening is the big driver with the focus on meeting the target but there is a need to embed it into mainstream services. They also support work in the university halls of residence across the Borough. The work requires senior support and drive and this has been increasing. The colleges appear keen to keep the services going and look to future possibilities.

e) **Teenage Pregnancy Coordinator** - The teenage pregnancy work is incorporated into the HIV and Sexual Health Strategy, though there are separate priorities identified for commissioning. Teenage pregnancy does not actually commission any of the work in further education but does closely link with the work of SHET and the Chlamydia

screening in both further education and the universities. They are currently looking at how to achieve a more consistent approach and ensure a regular, ongoing annual screening approach. A sexual health outreach worker is currently looking at the SRE provision in non-school settings and they hope to focus on capacity building out of this needs assessment work.

There have not been any barriers in developing work with the colleges but the key issues are about capacity within both the colleges. There are also issues of students coming from so many different boroughs and the fact that the Chlamydia targets are specifically linked to only Camden borough residents. They are looking to strengthen joint commissioning in order to maximise the use of the limited funds.

CROYDON

a) **John Ruskin College** - A sixth form college, of over 1,000 students, mostly aged 14-16 years and a small number of 14-16 year olds. The College is changing from A-Level to having specialised vocational courses. In the National Mapping the College status was listed as 'none'.

Up until now, the College has worked with the PCT to have regular DASH (drugs, alcohol and sexual health) weeks of activities. As part of this, they had some Chlamydia screening which was so well taken-up that this was repeated. Out of the successes of the screening, the College are currently negotiating with the PCT for the opening in June 2009 of a weekly sexual health clinic in the College. The clinic will offer full contraceptive care, offering both appointments and drop-ins. The initial sessions will be a pilot to identify any changes for the full operation from September. This service will also be available to the Pupil Referral Unit based on the same campus and working with pregnant and teen mothers and school refusers. Sexual health is incorporated within the tutorial programme, including in-house sessions on STIs and self-esteem. They recognise the importance of providing 'someone to talk to' and of this drop-in being on-site because they are aware that young people do not refer on very successfully. The service will be regularly be evaluated by the students and changed as necessary. The College is in the process of installing Youth Bytes onto its IT system which will roll out from September 2009 to inform learners and raise awareness of sexual health issues.

The College aims to be a healthy college and this development fits in with their aim to coordinate all aspects of health, including finding out from the students what they want.

There are a number of pregnancies during the year and the students are supported with continuing their education with an individual plan. Once both the PCT and the College agreed the need to increase the services available in the College, it has been a straightforward process. The high level of support from the senior management team has been key, and they recognise the real need for more services after seeing the demand and success of the Chlamydia screening. Following the launch of the new service, they will assess future needs.

b) **Coulsdon College** - A sixth form college for with over 1,200 students aged 16 - 18 and 75% coming from the Borough of Croydon. In the National Mapping the College status was listed as 'none'.

The College is very involved with and has a close working relationship with the PCT and teenage pregnancy staff. They have been running a Chlamydia screening session once a month, provided by a PCT nurse and outreach workers; distribute condoms in the College and via the College nurse; and have just started a sexual health clinic with a nurse once a week. For this new drop-in session, students can drop-in or make appointments to speak with the nurse. Within the school they seem to have a number of pregnancies and the College is supportive of them to continue with their course and helps them in identifying childcare options. Special needs are addressed by the additional learning support team, but there have been no specific issues identified in relation to sexual health. The College has close working relationships with other local agencies, which also provide support and counselling for the students. They have encountered few barriers in developing the work and aim to cover all aspects of sexual health with the practical developments, as well as within tutorials and classes.

c) **Croydon College** - Croydon College is made up of three colleges - Sixth Form, Skills & Enterprise and Higher Education Colleges. There is a large student body of more than 13,000 students, of whom 3,000 are in the Sixth Form College. In the National Mapping the College status was listed as 'none'.

At the moment the College has a core SRE programme as part of the enrichment programme of healthy living and eating, but they see sexual health as key. Specialists come in and work with the young people about every 4 - 6 weeks and this will continue. They hold healthy college weeks, with pee-in-a-pot screening and two sexual health campaigns every year. The SRE programme is linked to the Every Child Matters agenda,

usually presented by experts in-group tutorials.

They have been developing an agreement with the PCT for a new, sexual health clinic to be held at the two college sites twice a week. This service will provide a range of services: pro-active education, STI testing, confidential counselling, referrals and a small amount of contraception dispensing. The service will be located in a dedicated space, enabling good confidentiality and support, located in the welfare space. They will aim to maintain the service throughout the holiday periods. The College is hoping to increase the nurse presence to being a fulltime presence in the College.

In their Healthy College Strategy, sexual health is a key priority and the College is very keen to move onto the delivery of the new service. It has felt like there have been a lot of hoops to jump through to go from strategy to reality over the past year. Is aware that a fair amount of money has gone to the PCTs for developing services in further education and feels that there is a need to lobby strongly to get action.

d) Sexual Health Commissioner - post vacant³⁶

e) Teenage Pregnancy Coordinator - Teenage Pregnancy Action Plan for 2009-10 is currently being developed. They are currently working with other local partners and colleagues within the PCT/LA and voluntary sector to deliver "DASH (Drugs, Alcohol and Sexual Health) Fortnights" in colleges, which includes delivery of SRE training, pee-in-a-pot opportunities, stalls and general information and advice. Are also involved in other college organised health events, attend freshers' fayres etc. and ensure information/resources for young people are distributed to all of the three colleges. Colleges are involved in the delivery of local borough-wide teenage pregnancy campaigns that are developed for delivery in December and May each year to tie in with summer vacation and Christmas holiday periods. They work with each of the colleges in developing appropriate SRE policies and working with the colleges to start developing local Healthy College Standards. They are currently in the process of developing sexual health drop-ins in each of the three local colleges by June 2009, including 4 drop-ins in total.

They are aiming to improve development of the Healthy College Programme in Croydon

³⁶ At time of fieldwork research, April-May 2009.

colleges during 2009-10 and building on current arrangements and would like to develop peer education opportunities and increase levels of targeted provision within the colleges.

They have not experienced any barriers with working with the individual colleges, other than capacity constraints both on college strategic leads and that of the TP Team and Healthy Schools Team, which has meant that some initiatives have not been developed as quickly as all parties would like. Delays and lack of information about the National Healthy College Programme being recommended by DCSF meant that local plans were put on hold during 2008-9, until further clarification and guidance was received from DCSF.

Funding has been secured by the TPC as part of the PCT Commissioning Strategy in 2008-9 to develop a permanent Young People's Sexual Health Outreach Team. As a consequence this will allow increased capacity for delivery of targeted and generic SRE training to young people across the Borough including colleges. The delivery of sexual health drop-ins are also being developed now that a Young Peoples Sexual health Outreach Nurse has been employed (April 2009) and preparation is being undertaken for the sessions to commence from June 2009.

HARINGEY

a) **Haringey Sixth Form Centre** - This Sixth Form Centre is relatively new, having only opened in September 2007 and with a small student body of about 600, 16 - 19 year olds. The Centre is based in a ward of very high teenage pregnancy rates and they identify that they have many students who may be at risk but who they are able to successfully maintain in education. The College was not identified in the National Mapping.

They currently have a weekly sexual health session with a nurse coming in, offering a confidential drop-in session. In addition, there is a weekly Chlamydia screening session and the 4YP bus visits the Centre on a monthly basis. They have developed good links to positive support across the Borough and as a College provide special guidance for students with special needs. They would like more nurse time, and the opportunity to offer a more confidential, holistic and less focused health provision. They have had some challenges with supporting screening in context of having a small student body and some religious attitudes to the provision of the cervical cancer injection.

b) College of North East London (CONEL) - CONEL has a large student population of about 16,000 students, the majority of whom are part-time and aged over 19, and is the largest local provider for the 16 - 18 year olds. In the National Mapping the College status was listed as 'advanced' status.

Building on a history of sexual health events, outreach workers coming in to work with specific groups of young people and weekly sexual health screening, the College has recently started a new project with a part-time nurse based on-site. This new service has its own special clinic room for contraception and sexual health advice and treatment, enabling all young people at the College to have on-site access to a specialist service. The nurse will be available throughout the year, with some services too during the holiday weeks. In addition, there are good links between the health work, college counsellors and wider welfare team.

The sexual health needs of the students appear quite high, particularly in context of the high numbers of new migrant students, many of whom are not registered with a GP. However, the rates of pregnancy across the College are low. They are conscious of the cultural balancing act, and the need to not stigmatise what for some is the cultural norm. The College has a large body of students with disabilities, physical and learning, and they have developed specific sexual health work to support these students and have dealt with scenarios of inappropriate sexual behaviour.

CONEL has just received money to develop a training programme for young people to become sexual health mentors. This is an accredited course and upon completion the students will work with the outreach staff and support the screening programmes in both CONEL and the Sixth Form Centre. This work has required close collaboration with partners in an open and integrated way, necessitating institutional cooperation and senior management lead.

CONEL is a beacon college and is now going for Health College Status. They value the positive working relationship with local health partners and recognise the need for the development of strong relationships and leadership from a very senior level. Their approach to sexual health is that it is not something additional, just 'something we do'.

c) Sexual Health Commissioner - They are currently reviewing and re-writing the sexual health strategy. At the moment they are funding the work and new developments

at CONEL. All of this provision will be reviewed and a needs assessment carried out as part of the review of the Strategy, moving away from 'informed assessment' to a real needs assessment.

The challenges in the Borough in relation to commissioning sexual health services, include: the distinct needs of the more affluent west are to the more deprived east sides of the Borough; the large age ranges at the CONEL; great diversity across the Borough in relation to faiths, languages and a non-homogeneous population; and the reality of multi-borough student intake at CONEL, with students from most bordering boroughs. They are looking at the opportunities for developing cross-borough support and are confident that the challenges will be reduced with the good working relationships with the local colleges and other key staff.

d) Teenage Pregnancy Coordinator - They are currently developing the teenage pregnancy action plan for this year. The Plan will include the ongoing work at CONEL, the 4YP work of outreach and with the bus, and rolling out sex and relationship education (SRE) training. The 4YP bus visits sites across the Borough, including CONEL, provide all contraceptive methods except implants and IUD/IUS. It is hoped to identify a way to be able to provide all methods from the 4YP Bus.

The SRE training will be for Peer mentors and other specialist front line staff, including welfare team and Connexions Officer. It is an accredited 'Speakeasy' course and will have clear links to training for parents and carers and community groups, aiming for consistent information across the Borough and increased opportunities for early intervention. Other actions identified include: a C-Card pilot / condom distribution scheme, and putting 'medi-vend' into locations across the Borough.

The importance of developing strong partnerships and strategic relationships is recognised as key, and is very dependent on the right staff involvement. Some of the challenges that they are working through include: differing age ranges for specific services - 4YP is just up to 18 years, whilst colleges are much wider and meeting the specific needs of the younger students under-sixteen attending colleges.

SOUTHWARK

a) **Southwark College** - Southwark College has 8,500 learners, 37% of whom are aged 16 - 18 years and is located over three sites. In the National Mapping the College

status was listed as having 'basic' status.

The College has a team of 'Enrichment Officers' who lead on the sexual health work across the College. A nurse provides a weekly drop-in, offering sexual health information, advice and referral. Many of the enrichment staff have been trained to do Chlamydia screening.

In the tutorial sessions they bring people in to provide sessions on sexual health - e.g. Chlamydia, HPV - with the topics identified by both tutors and students. The College counsellors offer confidential support on sexual health issues and there are regular health awareness weeks when agencies like Brook and the PCT come in and do sessions and have booked a 'Check Yourself' roadshow to come in. A lot of sexual health is covered within the SRE curriculum but it lacks the relationship, and assertion re: safe sex aspects. The College has developed free condom access points but have noted that the boys are reluctant to access them.

The College is discussing with the nurse the possibility of doing an analysis of the attrition rates due to unplanned pregnancy. They have noted especially high rates amongst the students with special needs and are hoping to do this work to better understand these specific needs. The students union is looking at ways of providing mentoring support to young mothers attending the College. They aim to base any ongoing developments by listening to the students.

Some constraints are the lack of space for agencies who come in to do work with the students. There are also important religious issues, with a large population of young Muslims. The College has a number of under-sixteens and there are issues of consent and safety and they are concerned about those young people who are not in any College or institution and would like to develop some work around this.

b) Sexual Health Commissioner - Within the Sexual Health Strategy young people are a primary group. A needs assessment has been carried out as part of the process of developing a young people's sexual health strategy but there have been vacancies in two key posts for a long time. There are no specific commissioning arrangements at the moment but it is recognised that this is a gap and they are currently drafting some intentions for commissioning. However, a large part of the strategic plan involves identifying and providing mainstreamed services to a range of young people friendly

venues - for example, a condom distribution scheme, a media campaign, and workforce training. FE colleges will be included in all of these services as a matter of priority. Chlamydia screening is carried out at the college. There is a real need for an in-depth service mapping and needs assessment that will inform future developments.

c) Teenage Pregnancy Coordinator - The Teenage Pregnancy Strategy is currently being re-written. It looks at teenage pregnancy hotspot areas but there is nothing explicit about further education, though the workforce training will include further education. The specific work of going into colleges is not directly linked to the teenage pregnancy coordinator but is part of the healthy schools teamwork. They do open days and stalls at the College, have supported a condom vending machine there and provide regular updating and mail-outs for the teachers.

Future work will hopefully be part of a more holistic approach and intervention and linked to achievement and disengagement. The College is a good place to target and they experience a higher drop-out rate due to lack of support and these are the most at risk young people. The holistic approach needs to look at the social needs, not just see teenage pregnancy in isolation.

A key issue to address in the Strategy is to ensure improved coordination across the Borough. It is recognised the importance of finding the key person to lead things in the college and of linking teenage pregnancy to other issues facing young people.

TOWER HAMLETS

a) Tower Hamlets College - A college located on four sites, with more than 9,000 students, 69% of whom are over 19 years and with about 2,000 aged 16-18 years. In the National Mapping the College status was listed as having 'advanced' status.

At the moment the local PCT sexual health services provide a weekly two-hour session, offering full contraceptive service, one-to-one advice and information. They also have Chlamydia screening two hours every week for one term every year. They have also developed joint work with other Colleges for health events, including World Aids Day, social action workshops and condom distribution and STI information. In tutorials further information, advice and support is provided to the students. The Youth Enrichment staff have requested the development of separate sessions for young women who find it hard to access the existing provision. They are looking at ways to achieve this and extend the

weekly sessions to more time.

They have a particular problem with a very open-space building layout and minimal space for confidential one-to-ones. They are currently using a space but due to change of main use of this space it is no longer very appropriate and difficult to provide confidential space for the students. They are trying to solve this and are applying for funding to extend the service. The College also has specific challenges in relation to the demographics and large Muslim student population, some of whom have objected to any sexual health activities, for example a valentine's day event. They have a difficult balance to meet the student's needs in a cultural appropriate way.

b) Sexual Health Commissioner - They do not have a specific young people's strategy but young people are an integral section of the Sexual Health Strategy. At the moment there are no specific sexual health services in the College other than the Chlamydia screening programme. They did a session in one school (not further education) and the uptake was poor. Therefore it has been decided to develop a hub and spoke model of sexual health services, and will have a young people's session on one day at the new Clinicenta to be opened soon.

Across the Borough they will be developing hubs in each locality and the Tower Hamlets Community and Sexual Health Services (CASH) will deliver the sexual health services. The services will also move to the polyclinic in a couple of years. They do not plan any specific young people's services; all will be open access, with an element of self-management and Medi-Vends.

There is recognition of a gap with further education and sense that there are problems of getting into the colleges. There is a need to develop more pro-active work, for example medi-vends, and more than screenings but also including pregnancy tests and condom distribution.

c) Teenage Pregnancy Lead - The teenage strategy needs reviewing and updating. They support at the College: a weekly drop-in provided by a development worker, specifically working with young men; regular Chlamydia and gonorrhoea screening; and SRE sessions.

Aspirations include: to get Medi-Vends of condoms and pregnancy tests into the colleges

and increase the drop-ins to make more access to contraception; expand a successful peer education programme from secondary schools into FE colleges; develop a clinic-in-a-box programme; and increase targeted work with young men.

Challenges include getting it onto the agenda in the colleges; getting the college to identify an appropriate, safe and confidential space for the drop-in sessions; developing a strong partnership and getting staff engaged when this is not a priority for them. There feels to be a lack of continuity and engagement.

WESTMINSTER

a) **City of Westminster College** - The City of Westminster College has a student body of nearly 8,000, 33% of whom are aged 16 - 19 years and located at six sites. The majority of the 16 - 19 year olds are studying on a full-time basis. In the National Mapping the College status was listed as having 'basic' status.

The College holds yearly health fairs, involving many outside agencies who come in and provide students with information on many health topics including sexual health, drugs and alcohol. The two student advisors and three enrichment officers have all been trained for condom distribution and each has supplies of condoms to give to students who see them. As part of giving the condoms they are able to speak to the students about any issues they have and give them advice and access to sexual health services. Recently some of the advisors and enrichment officers attended a two-day training course on 'R U Ready?' and they are currently looking at how to embed this work into the College. At each of the College Centres weekly Chlamydia screening, condom distribution and advice sessions are available every two weeks. In tutorials specific topics are requested by tutors and presented by a range of external sexual health experts and by student advisors. The College has access to the PCT resource library and is currently considering 'Youth Bytes' for their students. For students with special needs, they offer an additional discrete support, build a relationship strand into the curriculum and are currently looking for extra specialist support for the teachers who don't always feel confident in dealing with the issues.

The College is looking at the options for developing a weekly nurse session, combined with a sexual health outreach worker to provide confidential, drop-in sessions. Combined with this, they are looking to develop a programme of regular tutorials of two to three sessions per year and addressing issues of relationships, self-esteem and condom use.

They aim to have this, and hopefully the weekly drop-in, ready to run from September 2009. The challenges they face in achieving this are: time constraints, funding, and identifying appropriate accommodation. The College also has a large ESOL student population, many of whom are over 25 years but who still have great needs for sexual health information, advice and support. They have identified the need to develop specialist extra support, including the need for separate male/female sessions. Overall, they are keen to get more positive support out to the students and show that the College is serious about providing them with good information and support.

b) **Westminster Kingsway College** - Westminster Kingsway College has five centres at Kings Cross, Regents Park, Soho, St. James and Victoria. There are over 20,000 learners, of whom nearly 6,000 are full-time. Approximately 5% of their students are from the Borough of Camden. In the National Mapping the College status was listed as having 'basic' status.

The College has outside agencies coming in to support the curriculum work on SRE and signpost students. The College has a large, very diverse student body, with over a third of the students having English as a second language, relatively high rates of early teenage pregnancy and wide-ranging and differing needs. The approach is to include sexual health within the general enrichment programme and a widening of student activities and part of the overall programme. There is a concern about how parents, as well as students, would react to any sexual health service provision and the need to be culturally sensitive to their needs. College staff provides staff training on health, including sexual health, issues in-house.

c) **Sexual Health Commissioner** - They are currently developing a new sexual health strategy which will not be specific to young people but which will cross-reference to teenage pregnancy and drugs and alcohol, and will include needs of further education. As part of developing the strategy they are carrying out a large needs assessment. Long-term aim would be to develop a strategic vision, which is not just reactive to issues like Chlamydia screening and less fragmented. There is some Chlamydia screening in colleges but at the moment nothing else is being commissioned, aiming for evidence-based needs to be identified. Long-term visions include the reconfiguration of local contraceptive and sexual health services to a few level one and two services, with referral to specialists, clinic-in-a-box and ensuring good links and provision in schools and colleges.

d) Teenage Pregnancy Lead - They are in the process of developing a new teenage pregnancy strategy. The main drivers for any work in further education are Chlamydia screening and condom distribution programmes. They have done an investment bid for a further education nurse, who will work at 3 college sites and at 3 pupil referral units, and develop work focused on the over-16s and high-risk groups.

There have been challenges in developing work in colleges, complicated by many TP and sexual health staff having been temporary. There has been little take-up by FE staff of the 'are you ready' training and difficulties in engaging college staff due to time constraints, complicated structures and identifying the right person to work with. There is recognition of the needs and the large numbers of students in FE and concerted efforts are slowly showing results.

APPENDICES

3 CONTACTS & RESOURCES

Barking & Dagenham

Sexual Health Commissioner - Victor Ferreira; Jo Caswell (Senior Advisor for Personal Development)

Teenage Pregnancy Lead - Justin Varney

Barking College - Richard Young (Youth Worker)

The Adult College - Mark Krishek (Student Services Manager)

Camden

City & Islington College - Tracey Gardiner (Head of Learner Engagement)

College of North West London - Diana Brown (Head of Student Liaison).

Sexual Health Education Team (SHET) - Steve Gray (SHET Coordinator)

Sexual Health Commissioner - Lindsay Jones (new in post).

Teenage Pregnancy Coordinator - Dionne Campbell (in post for three months).

Croydon

John Ruskin College - Valda Read (Director of Learning Personalisation)

Croydon College - Tamsin Jones (Vice Principal - Personalisation)

Coulsdon College - Wendy Young (Pastoral Admin for Support team)

Sexual Health Commissioner - post vacant

Teenage Pregnancy Coordinator - Kate Naish.

Haringey

Haringey Sixth Form Centre - John Watson (Assistant Principal)

College of North East London (CONEL) - Paul Head (Principal)

Sexual Health Commissioner - David King (Interim Commissioner)

Teenage Pregnancy Coordinator - Vivien Hanney

Southwark

Southwark College - Janet Davidson (Head of Student Support)

Sexual Health Commissioner - Jess Peck

Teenage Pregnancy Coordinator - Alex Evans (new in post)

Tower Hamlets

Tower Hamlets College - Vereen Ryan (Director of Student Services)

Sexual Health Commissioner - Doreen Mitcham

Teenage Pregnancy Coordinator - Reha Begum

Westminster

City of Westminster College - Pauline Fellow (Deputy Principal & Director of Resources)

Westminster Kingsway College - Sophie Knight (Senior Student Advisor)

Sexual Health Commissioner - Gary Alessio

Teenage Pregnancy Lead - Norah O'Brien

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