

## **Extended Schools: Improving young people's access to specialist advice and support on contraception and sexual health**

### **Introduction**

This briefing is aimed at professionals involved in the commissioning, planning and delivery of sexual health advice services in schools. It sets out the benefits of locating services in education settings, provides information on where you can get additional advice and support and gives answers to frequently asked questions (FAQs).

### **Prevalence of on-site services**

A recent mapping survey carried out by the Sex Education Forum in 2007 showed that nationally, almost 30% of secondary schools and a third of PRUs have on-site health advice services, which include access to contraceptive and sexual health advice. A copy of the mapping report, which shows the prevalence of on-site services at a regional and local authority level, is available at: <http://www.ncb.org.uk/sef>.

### **Policy Context**

Although teenage pregnancy rates have been falling steadily since the Teenage Pregnancy Strategy was launched (between the 1998 baseline year and 2006, the under-18 conception rate fell by 12.9%, to its lowest level for over 20 years), England still has the highest rate of teenage pregnancy in Western Europe. In addition, STI rates are increasing fastest among young people.

The Teenage Pregnancy Strategy is based on the best international evidence, which shows that effective sex and relationships education (SRE), alongside easy access to contraceptive services are essential elements of effective strategies. The Strategy encourages all young people under-16 to delay having sex, as evidence shows young people who have sex before age 16 are more likely to regret it, not use contraception and become pregnant before age 18. However, the Strategy also recognises that between a quarter and a third of young people become sexually active before they reach 16. This group of young people are the least likely to access advice on contraception and sexual health before they have sex, putting them at high risk of unplanned pregnancies and STIs.

As well as helping to tackle important public health challenges, schools are increasingly seeing the benefits of providing services on-site in terms of their core business. In particular:

- It avoids young people having to take time off from school to attend appointments at contraceptive and sexual health services based in the local community;
- It helps young women to avoid dropping out of learning altogether, due

to unplanned pregnancy;

- It helps young people address early any health concerns that may be impacting negatively on their ability to learn effectively; and
- It allows schools to demonstrate – for example to OfSTED – that they are meeting their obligations to support all young people to achieve the 5 Every Child Matters' outcomes and to promote pupils' well-being.

There is emerging evidence that services based in education settings are more attractive to groups that have traditionally been reluctant to access services in traditional settings, including boys & young men, and some BME groups. In addition, research from a study of school-based services in Bristol showed that services based in school can be effective in reaching vulnerable and 'hard to reach' groups of young people. Sixty-one per cent of young people using the service had attended because it was easily accessible and said that they wouldn't have accessed the service if it had been located elsewhere.

As part of the drive to improve young people's access and use of effective contraception, the Department of Health has provided additional funding for PCTs to ensure young people have access to high quality services in a range of settings, including through school-based services. If you are interested in exploring the potential to develop or extend a service in your school, you can contact your local Extended Schools lead or teenage pregnancy coordinator who will be able to facilitate discussions about funding with your local PCT.

### **Frequently asked questions (FAQs)**

*Q What does a school-based service look like?*

A There is no set model for school-based health advice services. Their nature and scope is for individual schools' governing bodies to determine, in consultation with the school, parents and pupils. In some schools, the service is limited to the provision of advice from a health professional and provision of condoms. But increasingly school-based services are providing access to a wider range of clinical services – such as emergency contraception, pregnancy testing, STI screening and access to a broader range of contraceptive methods. A number of services also provide access to counselling services – delivered by Youth Workers, Connexions Personal Advisers etc – who can provide advice on relationships.

*Q How would providing a health advice service on-site benefit my school?*

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

support on-site avoids situations where students have to take time off to attend appointments at services based in the local community.

*Q Who do I need to consult about setting up such a service?*

A The decision to set up a school-based health advice service, and the scope of the service offered is for the schools' governing body, following consultation with the school, parents and pupils. The health professional input is normally provided by the PCT so the times that the service is open will need to take account of capacity within the PCT. Provision should reflect local health priorities and inequalities.

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

A That is why we recommend the development of broad-based health advice services, of which sexual health advice is just one component. A broader health advice service can offer support on a range of health issues, including diet and exercise, emotional health and well being, drug education and sexual health. This means that young people can access advice without embarrassment.

*Q Are teachers required to provide sexual health advice?*

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

*Q Will issues raised in health advice sessions remain confidential?*

A In general, yes. Young people have the same rights to confidentiality as adults, unless child protection issues are identified - in which case health professionals are required to inform social services. Young people can consent to advice and treatment without consent from their parents, so long as they are judged to be competent to understand the choices presented to them. However, health professionals will always try to persuade young people about the benefits of involving parents, if at all possible. Where a young person is adamant that he or she does not want her parents to be informed, every effort should be made to involve another trusted adult, such as an aunt, older sibling or family friend.

*Q Why can't young people access these services outside school?*

A Young people are the group least likely to access contraception and sexual health advice, both before their first sexual experience. There are a number of reasons why this is the case:

- Fear that confidentiality will be broken is a significant barrier (especially

when considering accessing support from a GP. Ensuring a school-based service is promoted as a place where confidentiality is respected helps overcome these apprehensions.

- Services based in the local community may have restricted opening hours, which make it difficult for young people – especially those living in rural areas – to access them.
- Many young people are reluctant to access contraceptive and sexual health advice services serving primarily adult populations. Providing young people-centred services in non-clinical settings – such as in schools, FE colleges and youth centres, is part of the Government's drive to improve young people's access to confidential advice.

*Q Will parents object to the availability of confidential advice accessed through the school?*

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

*Q Where can I get more information on school-based services?*

A The Sex Education Forum (SEF) manages a 'schools and services network', which provides advice and support for schools which are, or are thinking about, establishing a school-based health advice service. The network is backed up by a dedicated website which provides case studies of successful services and examples of things like confidentiality policies, monitoring and evaluation forms etc. If you are interested in becoming a member of the network, contact Lucy Emmerson at the Sex Education Forum on [LEmmerson@ncb.org.uk](mailto:LEmmerson@ncb.org.uk).

In addition, every local authority has a teenage pregnancy co-ordinator (TPC) responsible for co-ordinating the local teenage pregnancy strategy. TPCs can advise on local teenage pregnancy rates and identify schools that serve wards where teenage pregnancy rates are highest.