



Department
of Health

Health Visiting and School Nurse Programme: Supporting implementation of the new service offer:

Developing strong relationships and supporting positive sexual health



Context and rationale

Timeline, Good PSHE, Effective SRE

The School Nursing service

What works locally: case studies

Context and rationale

This guidance has been developed by Department of Health in partnership with Public Health England and key partners, including Department for Education. This pathway will be of interest to commissioners of public health and providers of school nursing and sexual health services. This pathway is guidance to support school nurses, sexual health service providers and partners, working to support the contraceptive and sexual health needs of young people. It builds on the evidence from the Healthy Child Programme (5-19). The delivery of sexual health services requires leadership, collaboration and commitment from all partners including schools, GPs and Contraception and Sexual Health Services. The Local Authority has the mandate for public health and public protection, and needs to work closely with providers of contraceptive and sexual health services including GPs. This document is underpinned by:

A Framework for Sexual Health Improvement in England

- continue to reduce the rate of under-16 and under 18 conceptions
- reducing rates of sexually transmitted infections among people of all ages

Public Health Outcomes Framework

- under 18 conception rate
- chlamydia diagnosis among 15-24 year olds
- late diagnosis of HIV

This document sets out the rationale for effective partnership working and pulls together the core principles to assist local areas to develop their own local frameworks to support effective working to improve outcomes and promote a positive approach to sexual health. It provides more specific focus and clarity for health services for school aged children and young people, and sexual health service providers, to support their roles. Improving the health and well-being of young people at key stages in their life will identify opportunities to intervene early to address emerging health and wellbeing needs and challenges, providing opportunities to make a positive impact on young people's life chances. Supporting young people to prevent early pregnancy and improve their sexual health contributes to a number of other indicators in the Public Health Outcomes Framework. For example; reducing child poverty, increasing the number of young people in education, training and employment and preventing sexual violence. In addition;

- Munro (2010) identifies the importance of 'early help' throughout childhood and focuses on transition to adulthood as a key complex stage. Healthy Lives, Healthy People (2010) responds to the Marmot Report outlining approaches aimed to build self-esteem, confidence and resilience.

- Responding to the inequalities experienced by young people and their families who are at risk or isolated.

The document builds on good practice and evidence including programmes such as the Family Nurse Partnership (FNP). It sets out the rationale for an integrated pathway between school nursing, sexual health services and partners to outline potential opportunities and challenges to improve health and well being outcomes for young people. Key principles and core components required to enhance outcomes including options for service delivery are detailed throughout this document. We refer to Contraceptive and Sexual Health services – this encompasses genito-urinary, sexual health and reproductive health services.

The overarching rationale is to achieve consistent, seamless support and care for young people to improve their sexual health and wellbeing, ensuring they are prepared and supported in their decision-making. Sexual health is important to both individuals and communities. Sexual health relates to other public health and well-being issues including safeguarding, equalities, child poverty and educational attainment. Some sexual health outcomes have improved in recent years, but there are important issues that still need to be addressed:

- The under 18 conception rate has fallen by 34% since 1999 with the rate at its lowest level since 1969, however over half of local authorities are behind the national reduction. England's rate remains high in comparison with other western European countries and more needs to be done to accelerate progress.
- 8% of women under 18 having an abortion in 2012 had had a previous abortion
- The vast majority of under 18 conceptions are unplanned with half ending in abortion
- Young people aged 16-24 have the highest rates of sexually transmitted infections
- 11% of all 16-19 year old women not in education, employment or training (NEET) are pregnant teenagers or teenage mothers
- Chlamydia remains the most prevalent STI in England with rates substantially higher in 15-24 year olds than any other age group.

The Government wants to improve the sexual health and wellbeing of the whole population. To do this, we must:

- Reduce inequalities and improve sexual health outcomes
- Build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex
- Recognise that sexual ill health can affect all parts of society

School nurses and their teams are in a unique position to build trusting and enduring professional relationships with school aged children throughout their time in compulsory education. They are in a position that they can potentially use to optimal advantage to identify cultural and individual risk factors and existing issues that may benefit from intervention that might otherwise go unnoticed. School nursing services are visited and respected by children and young people. British Youth Council – Our School Nurse

The pathway provides a coordinated approach between school health services and sexual health providers/commissioners to ensure early notification of health and wellbeing needs and the provision of support for young people based on evidence.

The pathway will:

- Adopt a life course approach and provide a clear focus on improving the sexual health outcomes for young people to support a positive approach to their sexual health
- Build on evidence based good practice and provide some clarity relating to identified sexual health needs and service structure.
- Provide an understanding and clarity around roles, functions and engagement with key partners
- Ensure services can meet the sexual health needs and provide a range of services are accessible, including screening, contraception and advice, supported by robust PSHE (Personal, Social and Health Education)
- Promote the importance of delivery of high quality SRE.

Improving outcomes through effective commissioning;

- For every £1 spent on contraception, £11 is saved in other healthcare costs – McGuire A and Hughes D, The economics of family planning services, 1995)
- The provision of contraception saved the NHS £5.7 billion in healthcare costs that would have had to be paid if no contraception at all was provided
- National Institute for Health and Clinical Excellence (NICE) Clinical Guideline CG30 demonstrated that (Long Acting Reversible Contraception) is more cost effective than condoms and the pill, and if more women chose to use these methods there would be cost savings. Condoms are essential in preventing sexually transmitted infections
- Early testing and diagnosis of HIV reduces treatment costs – £12,600 per annum, per patient, compared with £23,442 with a later diagnosis
- Early access to HIV treatment significantly reduces the risk of HIV transmission to an uninfected person
- Work from the South West of England demonstrated that improvements in the rates of partner notification resulted in a reduced cost per chlamydia infection detected. Adams E and Turner K, SHORE Programme – Invest to save in the South West: Benchmarking current expenditure against sexual health, identifying local population needs and using local data in economic models, Office of Sexual Health, Taunton, 2012

Achieving Seamless Public Health Provision: 'Every contact counts'

There are public health challenges that cannot be addressed solely by this partnership pathway, including local variation in service configuration and delivery. Such issues require local collaboration between school nursing and sexual health service leads, commissioners and practitioners to adopt partnership pathway principles and adapt them to meet the needs of local children, young people and families taking account of local health priorities, identified health needs and resource deployment.

The use of a partnership pathway will support effective service provision and provide solutions to address local challenges in promoting positive sexual health through;

- Achieving a coordinated approach between school nursing, sexual health services and others to improve health and wellbeing of children, young people and families ensuring strong family support
- Supporting diversity and individual needs of young people for example in relation to learning disabilities, LGBT/sexual orientation, HPV/health protection, support for boys and young men and targeting vulnerable groups
- Safeguarding young people at risk of, or experiencing significant harm through abuse and/or neglect or exploitation
- Resourcing a service to meet local needs. School nurses and their team leaders need to develop skills to negotiate with commissioners on basis of local knowledge and data based evidence
- Providing co-ordination and collaboration; working across organisational barriers and through partnership with other service providers
- Supporting young people centred services; providing a confidential, accessible service
- Engaging children and young people in service development, review and redesign
- Ensuring effective communication; using information sharing protocols
- Making every contact count; delivering protection and screening; public health interventions; to improve outcomes
- Delivering an evidence based service which supports universal services and targeting vulnerable groups
- Commissioning effectively; ensuring quality assurance and governance procedures are adhered to.

Data collection: Use and interpret data for the Joint Strategic Needs Assessment (JSNA) to assess health needs and how these can be met using evidence based interventions. Collection of data pertaining to the Healthy Child Programme outcome measurements should be available locally; the pathway aims to build on local evidence to validate the success and quality assurance of the pathway. Local data should be used to inform delivery; annual and quarterly under 18 conception rates by LA; three year aggregate data on under 16 conception rates; under 18 conception rate by wards; annual and monthly chlamydia diagnosis rates for 15-24s; annual abortion rates and repeat abortion data by CCG

The current NHS and Public Health Outcomes Framework and Sexual Health Framework contain indicators for children and young people's health, including sexual health, each having an impact on the health and well being of the population along the life course. These indicators will demonstrate outcomes to support this pathway in relation to 'starting well' and developing well through partnership working through outcome measures.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/151873/dh_132559.pdf.pdf <http://www.chimat.org.uk/>

The Sexual health framework provided clarity regarding our ambitions:

Sexual health up to 16

Ambition: build knowledge and resilience among young people

- All children and young people receive good quality sex and relationships education at home, at school and in the community
- All children and young people know how to ask for help, and are able to access confidential advice and support about wellbeing, relationships and sexual health
- All children and young people understand consent, sexual consent and issues around abusive relationships
- Young people have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex

Young people aged 16-24

Ambition: improve sexual health outcomes for young adults

- All young people are able to make informed and responsible decisions, understand issues around consent and the benefits of stable relationships, and are aware of the risks of unprotected sex
- Prevention is prioritised
- All young people have rapid and easy access to appropriate sexual and reproductive health services
- All young people's sexual health needs – whatever their sexuality – are comprehensively met.

Learning from the evidence: Key issues underpinning delivery

[A Framework for Sexual Health Improvement in England](#) notes the evidence that:

- Resilience can be built among young people at risk by helping them to develop the personal "assets" that their more resilient peers already possess
- Providing high quality information and sex and relationships education can help young people to make robust and informed choices about their sexual health. It can consequently also help to reduce rates of STIs and teenage conceptions.
- Easy access to and use of effective contraception is a key factor in preventing teenage conceptions
- There is an association between alcohol use and teenage pregnancy and STIs, even after taking deprivation into account (Bellis, M. et al, *Contributions of Alcohol Use to Teenage Pregnancy*, North West Public Health Observatory, 2009)

This pathway is underpinned by learning from good practice:

https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf and [links to the PSHE Association's guidance.](#)

Every child/young person should have access to high quality Sex and Relationships Education which reflects local policies and the ethos of the school

<https://www.education.gov.uk/publications/eOrderingDownload/DfES-0116-2000%20SRE.pdf>

- Service delivery should be young person centred and built on [You're Welcome Quality Criteria](#)
- Confidentiality must be central to all delivery whilst also ensuring safeguarding issues are properly addressed where necessary
- PSHE needs to be strengthened, and delivered consistently: [Not yet good enough: personal, social, health and economic education in schools, Ofsted, 2012](#)

Timeline – Services to support children and young people to develop healthy relationships and support positive sexual health

This timeline outlines the support children and young people should receive. It is based on the school nursing service model, which consists of four tiers: Community, Universal, Universal Plus and Universal Partnership Plus

‘Supporting healthy relationships and positive sexual health’

	Pre-school	School aged years		
When	Parents and Children 0 – 5 years	Children 5 – 10 years	Children and Young People 11 – 14 years	Young People 15-19yrs
Who	Health Visitors, Early years providers, parents	School nursing teams, parents, education staff	School nursing teams, CASH, GUM, GPs, parents, education staff, youth services	School nursing teams, CASH, GUM, GPs, parents, education staff, youth services
Where	<ul style="list-style-type: none"> Home Children's centres Early years settings 	<ul style="list-style-type: none"> Home and community Education settings Play settings 	<ul style="list-style-type: none"> Primary care Education settings, including Further Education and Sixth Form colleges CASH GUM Community providers Voluntary sector 	
Key Messages For children, young people and parents	<ul style="list-style-type: none"> Explain safety awareness Understanding family and cultural values Supporting positive relationships Supporting family life Supporting the importance of friendships Establishing communication between parents/carers and child Teaching children information about bodily privacy and acceptable/unacceptable touch – NSPCC Underwear Rule 	<ul style="list-style-type: none"> Effective/evidence based PSHE and body image messages including gender issues, preparing for puberty, which takes into account developmental stage and is culturally sensitive Overall aim is to promote and maintain young people's emotional and physical wellbeing. Recognise any safeguarding concerns and that abusive behaviour should be reported Supporting children to build positive relationships and friendships – e.g. addressing bullying and self-esteem Explain safety awareness Gender and growing up Supporting family life and privacy Knowing where to get help 	<ul style="list-style-type: none"> Empower young people to make informed decisions/choices about sexual health and relationships Support children and young people to build resilience, autonomy and self esteem Deliver high quality, developmentally and culturally appropriate PSHE Support the development of positive relationships Support the development of positive body image Sexual consent, and help young people understand the risk of sexual exploitation and abuse Support the development of assertiveness skills Understanding fertility, reproductive health, contraception, pregnancy options, HIV, STIs and prevention 	<ul style="list-style-type: none"> Empower young people to make informed decisions/choices about their sexual health. Support young people to positive sexual health Provide access to a full range of contraceptives Planning and Preparation for adulthood Involve young people in decision making and increasing autonomy Provide support for pregnant teenagers and their partners Supporting young people to understand consent and healthy relationships and have the confidence to delay sex until they feel ready
Delivering effective support	<ul style="list-style-type: none"> Promoting positive relationships and bonding Access to advice and guidance 	<ul style="list-style-type: none"> Raising self esteem PSHE delivery in and out of schools 	<ul style="list-style-type: none"> Access to a range of services Raising self-esteem and promoting positive body image Delivery of PSHE in and out of school setting HPV and health protection Access to advice Recognising and managing risk 	<ul style="list-style-type: none"> Access to a range of services Provision of screening for chlamydia Support for young people who are pregnant, including termination options Preventing repeat abortions Access to condoms

Supporting transition to adult services

The importance of good PSHE is essential to support positive relationships and sexual health

The 2013 Ofsted PSHE education report also highlights the relationship between a school's PSHE provision and overall effectiveness, stating:

"a close correlation between the grades that the schools in the survey were awarded for overall effectiveness in their last section 5 inspection, and their grade for PSHE education... All but two of the schools graded outstanding at their last section 5 inspection were also graded outstanding for PSHE education and none were less than good".

Ofsted article no.62 reported in the 20% of schools with outstanding PSHE education, the subject was a priority of the head teacher and at the heart of the school's work. Teachers and subject leaders were well trained, and leaders and managers had an accurate view of strengths and weaknesses based on a rigorous process of lesson observations, review and development, complemented by the views of pupils, staff, parents and carers. Below outlines the key messages from evidence of effective PSHE education practice. The PSHE Association has developed the following ten principles of effective PSHE teaching:

1. Start where children and young people are: find out what they already know, understand, are able to do and are able to say. For maximum impact involve them in the planning of your PSHE education programme.
2. Plan a 'spiral programme' which introduces new and more challenging learning, while building on what has gone before, which reflects and meets the personal developmental needs of the children and young people.
3. Recognise that the PSHE education programme is just one part of what a school can do to help a child to develop the knowledge, skills, attitudes and understanding they need to fulfil their potential. Link the PSHE education programme to other whole school issues such as healthy schools, to pastoral support, and provide a setting where the responsible choice becomes the easy choice. Encourage staff, families and the wider community to get involved.
4. Offer a wide variety of teaching and learning styles within PSHE education, with an emphasis on interactive learning and the teacher as facilitator.
5. Encourage young people to reflect on their learning and the progress they have made, and to transfer what they have learned to say and to do from one school subject to another, and from school to their lives in the wider community.
6. Provide opportunities for children and young people to make real decisions about their lives, to take part in activities which simulate adult choices and where they can demonstrate their ability to take responsibility for their decisions.
7. Take a positive approach which does not attempt to induce shock or guilt but focuses on what children and young people can do to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing.
8. Provide information which is realistic and relevant and which reinforces positive social norms.
9. Provide a safe and supportive learning environment where children and young people can develop the confidence to ask questions, challenge the information they are offered, contribute their own experience, views and opinions and put what they have learned into practice in their own lives.
10. Embed PSHE education within other efforts to ensure children and young people have positive relationships with adults, feel valued and where those who are most vulnerable are identified and supported

Delivery of effective SRE

School nurses supporting good quality SRE – a checklist from the Sex Education Forum

1. Are school nurses introduced in person to all pupils, for example by visiting a Year group assembly, tutor-time or SRE lesson?
2. Do pupils learn that they can visit the school nurse and other health services 'un-invited' and that it is fine to come with a worry or a question – they don't have to wait until there is a problem?
3. Are younger pupils taught correct names for sexual parts of the body and about bodily privacy? If not, have you offered to support teachers with suitable vocabulary and resources?
4. Do primary children learn about puberty before they experience it? Can school nurses provide training for teachers to improve the timing and quality of puberty education?
5. Is the confidentiality offered by school nurses explained to pupils in SRE?
6. Do secondary pupils have opportunities to practice the skills for using a sexual health service by themselves, for example role-play conversations between a nurse or receptionist and a client?
7. Does the SRE programme teach sufficient knowledge about sexual health for young people to be able to assess their own need to use a service?
8. Are school nurses documenting common questions and concerns from pupils and feeding this back anonymously to the lead SRE teacher in order to inform curriculum planning?
9. Do pupils have a way of asking the school nurse a question anonymously, for example by email or a question box and is this facility explained in SRE?
10. Are school nurses aware of any external agencies contributing to the schools SRE and confident about the medical accuracy of what they teach?
11. Are school nurses consulted when the SRE programme is reviewed or the policy updated?

Further resources to support delivery of good quality SRE

[Sex Education Forum, values and principles](#)

[Sex Education Forum 'curriculum design tool' to help explain what is age-appropriate at each stage of the curriculum](#)

[Let's work together: a practical guide for schools to involve parents and carers in sex and relationships education, Emmerson 2013, NCB](#)

[Developing on-site sexual health services in secondary education: a resource pack](#)

The School Nursing service contribution to sexual health delivery

All young people have the right for their sexual health needs to be identified, assessed and met in a timely manner. Safeguarding and protection from harm is paramount

- Community**
- Providing leadership role in coordinating and delivering sexual health delivery and positive sexual health messages
 - Improved health outcomes and a reduction in health inequalities
 - Reaching and influencing the wider community, promoting healthy lifestyles and social cohesion
 - Improved planning of local services to reflect values, aims and cultural values in local areas
 - Develop relationships with parents, schools and voluntary organisations to improve planning and coordination of support to reduce health inequalities

Universal Services –

- Provision of high quality SRE & PSHE in the community and school settings
- Awareness of the risk factors for young people re early sexual activity
- Provide information about local contraceptive and sexual health services and support young people's easy access to advice
- Ensure pathways are in place for access to all universal services through a coordinated healthcare response and partnership working
- Early identification of health and well being needs and awareness of risk factors for:
 - Teenage pregnancy
 - Early sexual activity
 - Child sexual exploitation
- <https://www.gov.uk/government/publications/identifying-and-supporting-victims-of-human-trafficking-guidance-for-health-staff>
- Domestic abuse
- Relationship abuse
- Young people empowered to take responsibility for own sexual health and support to achieve optimum health
- Preventing identified needs escalating by signposting, referral and support
- Health protection e.g. HPV screening

Universal Plus

- Joint planning of young person's identified risk or safeguarding issues using locally agreed assessment
- Supporting the sexual health needs of those young people not in education by working with youth services and partners
- Supporting sexual health of young people with risk factors and vulnerable groups, e.g. Looked After Children and care leavers, young people in the Youth Justice system,
- Supporting isolated groups, e.g. Young Carers, children with disabilities, long term conditions or mental health difficulties, asylum seekers, young offenders
- Supporting pregnant teenagers and young parents

Universal Partnership Plus

- Seamless early support and collaborating as part of a multi-agency team
- Identifying risk of domestic abuse and relationship abuse, ensuring young person's wellbeing is paramount
- Support for victims of child sexual exploitation
- http://www.dh.gov.uk/prod_consum_dh/groups/dh_digital_assets/@dh/@en/documents/digitalasset/dh_133352.pdf
- Support for young people who wish to explore gender identity or are transsexual

SAFEGUARDING



Care

- Leading and co-ordinating confidential sexual health services for school aged children
- Recognising sexual health is a core function of school nursing service
- Delivering high quality care in a range of settings, e.g. in education (schools and further education), local community and residential settings
- Making time to understand the world or the child and their issues

Compassion

- Recognising and understanding young people's needs and ensuring services meet local needs
- Providing non-judgemental services
- Showing dignity and respect
- Building trusting relationships to support effective delivery

Competence

- Ensuring school nurses have knowledge, skills and ability to assess competency to continually maintain skills
- Developing innovative training tools including e-learning and range to suit learning styles
- Using evidence to support delivery (NICE guidelines)
- Refreshing skills through inter-agency training opportunities

Communication

- Ensuring information sharing protocols are in place
- Providing information to support access to advice and services e.g. social media and technology
- Supporting cross agency communication and collaboration
- Utilising new ways of communicating with young people
- Providing positive communication regarding sexual health

Courage

- Being brave by seeking to influence and encourage partners to deliver sexual health
- Challenging when things go wrong
- Supporting difficult decisions and advocating for young people
- Knowing when to question and challenge – safeguarding

Commitment

- Demonstrating a commitment to improve health and wellbeing
- Striving for equality of access in all areas
- Ensuring services meet You're Welcome guideline criteria
- Supporting service improvements

Delivering comprehensive services is best achieved through effective partnership working and a commitment to collaboration

Finding local solutions – using the priority actions to improve delivery: addressing the core principles through 6 priority actions to overcome challenges can be achieved locally through the proposed options for delivery outlined below. This can be achieved through:

Maximising health and wellbeing

Aim: Supporting sexual health

Proposed actions for delivery:

- Making Every Contact Count
- Working with schools to ensure identified curricular time to support key messages and raise awareness of the services
- Consulting with young people and educational staff to establish most appropriate location, timing etc. for services
- Delivering a wide range of services (CASH and GUM services) and condom distribution schemes
- Using school based health services and reaching out to young people not in education
- Adapting You're Welcome Criteria – giving young people a voice on service quality and delivery
- Delivering parents learning opportunities as part of PSHE agenda to engage parents, using active learning techniques
- Utilising tutorial/education programme to support positive sexual health
- Ensure sexual health services are commissioned to continue to deliver services to 16-19 year olds and transition to adult services
- Services which are inclusive and make an informed response to young people who identify as heterosexual or LGBT

Delivering care and measuring impact

Aim: Providing high quality access to a range of services and achieving positive health outcomes

Proposed actions for delivery:

- Undertaking regular reviews of service targets
- Ensuring services achieve:
 - You're Welcome Quality Criteria
 - Service user feedback
 - Analysis of local performance data fed into JSNA
- Providing stakeholder feedback including
 - Termly reports from school nurse running drop-in services that offer CASH to share with commissioners, managers, head teachers and multi-agency teams to assess service use and access to resources and referrals to other agencies
- Ensuring linkages to Ofsted, NHS Outcomes Framework, Public Health Outcomes Framework
- Using local data and population needs assessment to shape services
- Robust clinical and equality audit

Working with young people to provide a positive experience

Aim: Ensuring young people are at the heart of service delivery

Proposed options for delivery:

- Utilising local review of PSHE with recognised tools such as [Sex Education Forum toolkit for primary and secondary schools](#)
- Ensuring robust systems for young people to be engaged in service design, evaluation and review
- Delivering a service based on You're Welcome Criteria
- Delivering a service based on local need, underpinned by young people's views
- Providing services at locations convenient to young people, e.g. Clinic In A Box
- Supporting peer mentors/ student councils to encourage feedback and involvement in service review

Supporting positive staff experience

Aim: Ensuring staff are supported to enhance delivery

Proposed actions for delivery:

- Encourage feedback from all stakeholders
- Providing appropriate and regular supervision and training
- Supporting training within a multi-agency context
- Sharing best practice across school nursing and sexual health teams
- Providing opportunities for CPD and career progression
- Ensuring practices and procedures are in place to support deliver and promote safety e.g. under 18s and child sexual exploitation
- Ensure robust clinical governance structures are in place
- Supporting peer review and reflective practices

Building and strengthening leadership

Aim: Utilising the leadership role of school nurses to develop and deliver high quality services

Proposed actions for delivery:

- Ensuring ownership of the development of service by a qualified school nurse
- Utilising existing professional working relationships to build and support strong relationships
- Understanding and respecting the contribution of partners
- School nurses to be co-ordinators for school based health services to manage multi-agency services
- Using skills and leadership of school nurse to ensure services are fit for purpose
- Providing a mechanism for feeding relevant evidence for effective service provision to service leaders to support their decision making and for them to communicate down to teams
- Strengthening leadership and providing leadership support
- Providing public health leadership and using the evidence to promote health protection

Ensuring the right staff, with the right skills, in the right place

Aim: Providing skilled and experienced staff to deliver services

Proposed actions for delivery:

- Providing training and maintaining competence to ensure effective delivery
- Providing specific training in behaviour change approaches/motivational interviewing communication strategies
- Delivering multi-agency sexual health training and recognition of risk, e.g. child sexual exploitation
- Ensuring an appropriate skill mix to deliver a range of services and clarity regarding roles and responsibilities
- Providing leadership through qualified school nurse role to enhance service delivery
- Ensuring clinical governance issues are identified and addressed
- Ensuring personal development process supports delivery and enhances skills
- Robust safeguarding training which includes CSE

What works locally: case studies, Acknowledgement and references

Emerging good practice

All young people need good quality SRE and easy access to C&SH services but some young people are at greater risk of early pregnancy and poor sexual health. A recent study found the young people most at risk of pregnancy before 18 were: girls who are eligible for free school meals, girls who are persistently absent from school; and girls who make slower than expected academic progress between Key Stage 2 and 3 (ages 11-14) Other risk factors are: being in care or a care leaver; experiencing sexual abuse and exploitation; and alcohol use and abuse

Although data on boys and young fathers are not routinely collected, individual studies have found similar pre-existing vulnerabilities. The same risk factors for unplanned and teenage pregnancies also affect the motivation and sense of self-worth young people need to consistently use condoms to prevent sexual infections.

Improving access – Using technology

The [respect yourself](#) website and app in **Warwickshire** could be considered a case study for improving service access through public health intervention – elements of the site and app are designed to address identified barriers to service access and the early evaluation work shows that boys self-report increased service access and objective service access data indicates significant increase in service access at GUM sites in the most deprived parts of Warwickshire.

Child Sexual Exploitation

Sexual Health Outreach in **Trafford** is provided by the Youth Service Sexual Health Outreach Team (S.H.O.T). Two full time youth workers provide condom distribution and child sex exploitation training, administer and manage the c-card scheme, support young women accessing terminations and provide follow-up care. These staff also provided one to one support for young women who have been sexually exploited. The S.H.O.T., together with the Talkshop team, provides triage for the two Brook Trafford sessions. This includes registering new clients, completing sexual history/initial assessment and completing the Trafford under 18's safeguarding proforma. Youth workers also provide the non-medical aspects of the service, this includes; pregnancy testing and making onward referrals (including; TOP, midwifery, Brook nurse), Chlamydia screening, condom distribution and detailing with any safeguarding issues.

Child Sexual Exploitation

The Greater **Manchester** Sexual Health Network is leading work across the ten Greater Manchester boroughs to improve the identification of Child Sexual Exploitation in sexual health services and to ensure that there are clear pathways and protocols in place to support young people who are victims of exploitation or who are at risk of being exploited. The GMSHN is working closely with the police, social services and other partners, to take this work forward.

Achievements to date include establishing a Child Sexual Exploitation (CSE) Task and Finish Group which includes sexual health commissioners and sexual health service representatives; mapping current CSE policies and procedures in Greater Manchester sexual health services; developing a CSE risk assessment tool kit and referral pathway for use by sexual health services; representation on the Greater Manchester multi-agency strategic Phoenix Project; working closely with Greater Manchester Designated Nurses for Safeguarding and the Greater Manchester CSE Task Group members to agree minimum health input requirements into specialist CSE teams; and using health intelligence through the RUClear programme to identify young people at risk of CSE.

Early intervention and vulnerable groups – Sexual coercion

The use of technology to engage vulnerable groups may be one way to introduce early intervention through relationships and sex education. A serious game designed to help deliver an effective teaching session on the issue of sexual coercion has been trialled in **Coventry** and **Warwickshire** and has demonstrated improvements in psychological preparedness for dealing with sexual coercion. <http://seriousgames.org.uk/news/Do-You-Feel-Pressured.aspx>

Consent

Brook worked with a high school to address key concerns and issues identified by the school in relation to consent and sexual behaviours. Awareness raising sessions took place, to support healthy life style topics, through assemblies, health days and PSHE and citizenship. Targeted information and advice was provided in 1-1 or group sessions regarding relationship and sex education in schools. This arena also provided the opportunity to partnership with agencies to raise awareness of services, ensure young people knew when and where to access further information and support. An onsite sexual health clinic was provided on a weekly basis. Additionally this partnership working provided an opportunity to educate staff about relationships and sexual health to increase their knowledge and support them in delivery of PSHE sessions or on a 1-1 basis and specialised services can then deliver additional sessions throughout the year. The ultimate aim: to enable young people to make an informed choice about their relationships and sexual health.

Working with school nurses

In **Suffolk** it has been found that working with School Nurses to provide the c-card scheme is essential, as this will often be a young persons first point of call for seeking advice on sexual health. The interactions and experience a young person has on their first engagement can be vital in determining the likelihood they return to access services and is also key in helping young people make informed decisions around sexual health choices. Furthermore promotion and signposting to wider services through School Nurses, can aid in ensuring young people are more willing and able to access the services available and thus young people are more able to take ownership of their own wellbeing. Initially there were difficulties in implementing this scheme in the school setting as some reluctance was met from a selection of individual nurses. However through working closely with the Locality Clinical Leads to create a tailored Service Agreement, Terrence Higgins Trust in Suffolk is currently implementing a training programme and on-going support package for School Nurses equipped them with an informed level of knowledge of the scheme and building a high quality of service delivery.

Competency Guidelines: Fraser Guidelines

It is lawful for doctors to provide contraceptive advice and treatment without parental consent providing certain criteria are met. These criteria, known as the Fraser Guidelines, were laid down by Lord Fraser in the House of Lords' case and require the professional to be satisfied that:

- The young person will understand the professional's advice
- The young person cannot be persuaded to inform their parents
- The young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment
- Unless the young person receives contraceptive treatment, their physical or mental health, or both, are likely to suffer
- The young person's best interests require them to receive contraceptive advice or treatment with or without parental consent

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Sex Education Forum
<http://sexeducationforum.org.uk/>

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Members of the Task and Finish Group

Amy Danahay
Respect Yourself Campaign Manager
Warwickshire County Council

Trudy Mills
Commissioning Manager, Children,
Young People and Maternity
NHS Sussex

Jane Walton
Locality Manger, Children's Universal
Services
Hertfordshire Community NHS Trust

Louise Marshall
Teenage Pregnancy Programme Manager
Public Health Manchester, Manchester
City Council

Michelle Nightingale
SCPHN (School Nursing)
Safeguarding Advisor
Lewisham Healthcare NHS Trust

Elsa Chadaway
Clinical Lead, School Nursing
Coventry and Warwickshire Partnership
Trust

Adrian Kelly
Senior Public Health Strategist
London Borough of Hackney

Melanie Hayward
Specialist Community Public Health Nurse
(School Nurse)
Buckinghamshire Healthcare NHS Trust

Alison Hadley
Director of the Teenage Pregnancy
Knowledge Exchange
University of Bedfordshire.

Katherine Brown
Reader in e-Health and Wellbeing
Interventions
Coventry University/Warwickshire Public
Health

Dena Francis
School Nurse/Practice Teacher
East Sussex Healthcare Trust

Anna Fillingham
Service Redesign Manager
Wirral Clinical Commissioning Group

Debbie Mennim
Head of Nursing
Brook

Collette Greaves
Performance and Quality Lead
5 Boroughs Partnership NHS Foundation
Trust

Nick Medforth
Professional Lead for Child Health and Care
Liverpool John Moore's University

Viv Crouch
School Nurse, Teenage Pregnancy and
PSHE Lead
Sirona Care and Health

Claire Grant
Integrated Commissioning Manager
(Public Health and Teenage Pregnancy)
Blackpool Council

Lucy Emmerson
Co-ordinator, Sex Education Forum
NCB

Secretariat

Wendy Nicholson, Professional Officer -
Nursing, Department of Health

Judith Hind, Contraception Manager,
Sexual Health Team, Department of Health

Fiona Hill, PA to Professional Officer –
Nursing, Department of Health