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
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 local authority, schools and local health services. The Local Authority will work with partners including schools, GPs 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 the following evidence:

**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 Outcome Framework**

- Under 16 conception rate.
- Chlamydia diagnosis among 15-24 year olds.
- Late diagnoses 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 role. Improving the health and well-being of young people at key stages in their lives will identify opportunities to intervene early to address early 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; Munn (2015) identifies the importance of 'early help' throughout childhood and focuses on transition to adulthood as a key 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 based on school nursing, sexual health service and partners to collate 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 and reproductive health and reproductive 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, equality, 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 54% since 1999 with the rate at its lowest level since 1999, however over half of local authorities are below 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 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 16-19 year old women not in education, employment or training (NEET) are pregnant teenagers or teenage mothers.
- Chlamydia diagnoses per 100,000 in England are 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 on honest and open relationships where everyone is able to make informed and responsible choices about relationships and sex.
- Recognize that sexual health can affect all parts of society.
- Ensure school nurses and their teams are in a unique position to build learning and engaging professional relationships with school aged children throughout their time in compulsory education. They are in a position that they can potentially use to optimise 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 service providers 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 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 clear relating to identified sexual health and service structure.
- Provide an understanding and clarity around roles, functions and 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 SFE.

**Improving outcomes through effective commissioning;**

- For every £1 spent on contraception, £11 is saved in other healthcare costs – McGuire And Hughes D. The economics of family planning services, 1993.
- 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 320 demonstrated that Long Acting Reversible Contraception (LARC) is more cost effective than condoms and the pill, and if more women chose to use these methods there would be cost savings. Contraception is essential in preventing sexually transmitted infections (STIs) and unwanted pregnancies.
- Early recognition of diagnosis of HIV reduces treatment costs – £23 442 per patient, compared with £231 442 with a later diagnosis.
- Early access to HIV treatment significantly reduces the risk of HIV transmission to an uninfected person.

**Achieving Seamless Public Health Provision: ‘Every contact counts’**

There is an association between alcohol use and teenage pregnancy and STIs, even after taking deprivation into account (Bellis, M. et al, 2011). Consequently, alcohol use that might otherwise go unnoticed, and the associated sexual activity, 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, 2011). Contributions of Alcohol Use to Teenage Pregnancy, North West Public Health Observatory, 2009.

This pathway is underpinned by good practice at:


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/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf and links to the PSHE Association’s guidance.

Service delivery should be young person centered and built on Why We’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. Office of 2012.

Learning from the evidence: Key issues underpinning delivery

- 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.
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**The Sexual health framework provided clarity regarding our ambitions;**

- 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 are aware of the risks of unprotected sex.
- All children and young people are aware of the risks of unprotected sex.
- 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.
- Young people have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex.

- 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 be aware of the risks of unprotected sex.
- Prevention is prioritised
- All young people are able to access appropriate sexual and reproductive healthcare services
- All young people’s sexual health needs – whatever their sexuality – are comprehensively met.
### 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

<table>
<thead>
<tr>
<th>Pre-school</th>
<th>School aged years</th>
<th>Young People 15-18yrs</th>
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</thead>
<tbody>
<tr>
<td><strong>Key Messages for children, young people and parents</strong></td>
<td><strong>Where</strong></td>
<td><strong>Who</strong></td>
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<tr>
<td>- Explain safety awareness</td>
<td>- Home</td>
<td>Health Visitors, Early years providers, parents</td>
</tr>
<tr>
<td>- Gender and growing up</td>
<td>- Children’s centres</td>
<td>School nursing teams, parents, education staff</td>
</tr>
<tr>
<td>- Supporting relationships</td>
<td>- Early years settings</td>
<td>School nursing teams, CASH, GUM, GP’s, parents, education staff, youth services</td>
</tr>
<tr>
<td>- Teaching children information about bodily privacy and acceptable/unacceptable touch – PSHE: Underwear Rule</td>
<td>- Home and community</td>
<td>School nursing teams, CASH, GUM, GP’s, parents, education staff, youth services</td>
</tr>
<tr>
<td>- Effective evidence based PSHE and body image messages including gender issues, preparing for puberty, which takes into account developmental stage and is culturally sensitive</td>
<td>- Education settings</td>
<td></td>
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<tr>
<td>- Overall aim is to promote and maintain young people’s emotional and physical wellbeing.</td>
<td>- Play settings</td>
<td></td>
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<tr>
<td>- Recognise any safeguarding concerns and that abusive behaviour should be reported</td>
<td>- Supportive Savers in schools and communities, e.g. bullying and self-esteem</td>
<td></td>
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<tr>
<td>- Supporting children to build positive relationships and friendships – e.g. addressing bullying and self-esteem</td>
<td>- Primary care</td>
<td></td>
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<tr>
<td>- Explain safety awareness</td>
<td>- Education settings, including Further Education and Sixth Form colleges</td>
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<tr>
<td>- Gender and growing up</td>
<td>- CASH</td>
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<tr>
<td>- Supporting family life and privacy</td>
<td>- GUM</td>
<td></td>
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<tr>
<td>- Knowing where to get help</td>
<td>- Community providers</td>
<td></td>
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<tr>
<td>- Link to the wider community</td>
<td>- Voluntary sector</td>
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</tbody>
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#### Delivering effective support

<table>
<thead>
<tr>
<th>Pre-school</th>
<th>School aged years</th>
<th>Young People 15-18yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Access to advice and guidance</td>
<td>- Supporting positive relationships and bonding</td>
<td>Health Visitors, Early years providers, parents</td>
</tr>
<tr>
<td>- Raising self esteem</td>
<td>- Access to a range of services</td>
<td>School nursing teams, CASH, GUM, GP’s, parents, education staff, youth services</td>
</tr>
<tr>
<td>- PSHE delivery in and out of schools</td>
<td>- Raising self esteem and promoting positive body image</td>
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#### 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 in 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”.

Older article noted report that 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. Subject leaders were well trained, and teachers and managers had an accurate view of strengths and weaknesses based on a rigorous process of lesson observations, work and development, complemented by the views of pupils, staff, parents and peers. 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 programmes.
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 fulfill their potential. Link the PSHE education programme to other whole school issues such as healthy schools, 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 skills 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 school 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 leading 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, Education pack design tool to help explain what is age-appropriate at each stage of the curriculum
- Let’s work together, a parental guide for schools to involve parents and carers in sex and relationships education, Emmerison (2013, NCE)
- Developing a safe 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

Universal Services

- Provision of high quality care, advice & information for young people and their families
- Awareness of the risk factors for young people to become sexually active
- 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: Youth pregnancy, Early sexual activity, Child sexual exploitation

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 collaboration as part of a multi-agency framework
- Identifying risk of domestic abuse and relationship abuse, ensuring young person’s well-being is paramount
- Support for victims of child sexual exploitation
- Support for young people who wish to explore gender identity or are transgender

Maximising health and wellbeing

Aim: Supporting sexual health

Professional Roles for delivery
- Making Every Contact Count
- Working with schools to ensure identified cumulative time to support key messages around 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 (CASD 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 /Welcome Champions – ensuring young people are a voice
- Delivering parent learning opportunities as part of FSHE agenda to engage parents, using active learning techniques
- Utilising educational/leisure time to allow young people to access services
- Delivered by school nurse running drop-in services that offer CASD with commissioners, managers, head teachers and multi-agency teams to assess service use and access to resources and referrals to other agencies
- Ensuring Links to youth, NHS Outcomes Framework, Public Health Outcomes Framework
- Using local data and population needs to assess to shape services
- Robust clinical and equality audit

Delivering care and measuring impact

Aim: Providing high quality sexual health 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 service data fed into JSNA
- Providing stakeholder feedback including
tertiary reports from school nurse running drop-in services that offer CASD with commissioners, managers, head teachers and multi-agency teams to assess service use and access to resources and referrals to other agencies
- Ensuring Links to youth, NHS Outcomes Framework, Public Health Outcomes Framework
- Using local data and population needs to assess to shape services
- Robust clinical and equality audit

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

Communication

- Engaging young people and ensuring the right staff, with the right skills, in the right place
- Providing effective and appropriate communication strategies
- Ensuring the right staff, with the right skills, in the right place
- Providing specific training in behaviour change and 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 clarify regarding roles and responsibilities
- Providing leadership through qualified school nurse role to enhance service delivery
- Ensuring clinical governance issues are identified and addressed
- Enhancing personal development process supports delivery and enhances skills
- Robust safeguarding training which includes CSE

Working with young people to provide a positive experience

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

Proposed actions for delivery:
- Encourage feedback from all stakeholders
- Providing appropriate and regular supervision and training
- Ensuring the right staff, with the right skills, in the right place
- Enhancing skills and capacity of key personnel
- Recognising and understanding young people’s needs and engaging services meet local needs
- Providing non-judgemental services
- Supporting young people through their transition to adulthood
- Building trusting relationships to support effective delivery

Supporting positive staff experience

Aim: Ensuring staff are supported to enhance quality services

Proposed actions for delivery:
- Enhancing skills and capacity of key personnel
- Providing a mechanism for reporting of sexual health issues
- Using evidence to support delivery (NICE guidelines)
- Developing innovative training tools including e-learning and range of local learning
- Ensuring services meet You’re Welcome guideline criteria
- Renewable skills through inter-agency training opportunities

Compliance

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

Commitment

- Demonstrating a commitment to improve health and wellbeing
- Supporting peer review and development
- Supporting isolation groups, e.g. Young Carers, children with disabilities, long term conditions or mental health difficulties, asylum seekers, young offenders
- 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
Emerging good practice

All young people need good quality SIE and easy access to CASH 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 offtake are not yet 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 report suggests websites and apps 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 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 safeguarding scheme, support young women accessing terminations and provide follow-up care. These staff also provide one to one support for young women who have been sexually exploited. The S.H.O.T., together with the Talkshop team, provides training for the two Brook Trafford sessions. This includes registering new clients, completing sexual history/initial assessment and completing the Trafford under 10’s safeguarding form. Youth workers also provide the non-medical aspects of the service, this includes; pregnancy testing and making onward referrals (including: TOP, midwifery, Brook nurses), Chlamydia screening, condom distribution and detailing with any safeguarding issues.

Early intervention and vulnerable groups – Sexual coercion

Working with school nurses

In Suffolk it has been found that working with School Nurses to provide the CASH scheme is essential as this will offer a young person first point of call for seeking advice on sexual health. The interest and experience of a young person has on their first engagement can be vital in determining the best path 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. Especially those who are more likely to have a marginalising of their own wellbeing. Initially there were difficulties in implementing this scheme in the school setting as some resistance was felt from a selection of individual nurses. However through working closely with the Locally Clinical Leads to create a tailored Service Agreement, Teenage Hyperfocus in Suffolk is currently implementing a training programme and ongoing 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, as known the Fraser Guidelines, were laid down by Lord Fraser in the House of Lords caselaw 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 continue having, sexual intercourse with or without contraceptive treatment
- Unless the young person receives contraceptive treatment, their physical or mental development may be disturbed, and
- The young person’s best interests require them to receive contraceptive advice or treatment with or without parental consent

Improved access to wider services through School Nurses can aid in ensuring young people are more willing and able to access the services. 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. 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.

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 had been a 1-1 group sessions regards relationship and sex education in schools. This also provided the opportunity to partnership with agencies to raise awareness of services, ensure young people know when and when to access further information and support. An onsite sexual health clinic was provided on a weekly basis. Additionally the partnership working provided an opportunity to educate staff about relationships and sexual health to increase their knowledge and support them in delivery of PSHE or 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.

References and Resources:

Department of Health website, Sexual Health

Your welcome criteria: for young people friendly health service.
http://www.dh.gov.uk/en/PublicHealth/SexualHealth/12676247"

Getting it right for children, young people and families: vision and call to action
http://www.dh.gov.uk/en/PublicHealth/SexualHealth/12676247"

Teaching Pregnancy Strategy, Department of Health and Department for Children, Families and Schools
http://www.dh.gov.uk/en/PublicHealth/SexualHealth/12676247"

A Framework for Sexual Health Improvement in England

National Institute for Clinical Excellence, Quick Reference Guides, Prevention of sexually transmitted infections and under 18 conceptions
http://www.nice.org.uk/qualitystandards/qs139/s133955

Brook website, resources
http://www.brook.org.uk/about/brook

Children, Sexual Abuse
http://www.childrens-safeguarding.org.uk/The-Safeguarding-Phase/Safeguarding.aspx

Family Planning Association, how to get help with your sexual health
http://www.fpa.org.uk/what-to-do/whats-your-sexual-health

Faculty of Sexual and Reproductive Healthcare, Clinical Guidance
http://www.fsrh.org/aboutus/whatissexualhealth.aspx

Sex Education Forum
http://www.sexeducationforum.org.uk

SIE Association, guidance on Online Inspection framework
http://www.SIE-association.org.uk

Teaching Pregnancy Knowledge, Education, University of Bedfordshire
http://www.bedford.ac.uk/knowledgeexchange

SpeaksExy, Family Planning Association
http://www.speaksxy.org.uk/sexeducation/case-studies

What Should We Tell The Children, Beawery
http://www.beawery.co.uk/pregnancy

Publications of revised guidance for health professionals on the provision of contraceptive services for under 16s, Department of Health Press Release, 2004

See Officer of the Year 2003

See Sex Education Forum
http://www.sexeducationforum.org.uk

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 GMHSSN 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 and referral pathway for use by sexual health services; representation on the Greater Manchester multi-agency strategy 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 RUCreform programme to identify young people at risk of CSE.

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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, as known the Fraser Guidelines, were laid down by Lord Fraser in the House of Lords’ case law 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 continue having, sexual intercourse with or without contraceptive treatment
- Unless the young person receives contraceptive treatment, their physical or mental development may be disturbed, and
- The young person’s best interests require them to receive contraceptive advice or treatment with or without parental consent

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