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On-site sexual health services in further education are the norm

How many colleges actually have sexual health services? This question has frequently been asked by further education managers and public health professionals considering whether or not to develop services on-site.

To answer this question the Sex Education Forum (SEF)¹ carried out the first-ever national survey of on-site sexual health services in schools and further education settings in England. With support from the Teenage Pregnancy Unit surveys were sent electronically to all Teenage Pregnancy Coordinators in Autumn 2007.

What is a sexual health service?

Coordinators were asked to list all secondary schools and further education settings and to categorise the level of service offered as either:

- a) no sexual health service on-site (although advice may be offered)
- b) basic service (condom distribution and/or pregnancy testing)
- c) advanced service (includes emergency hormonal contraception and/or Chlamydia testing)
- d) specialised service (includes prescription contraception and/or wider range of STI testing)

The entry-level to be categorised as a 'sexual health service' involves something physically being given if the young person needs it, for example condoms, pregnancy testing and STI testing. This definition is important because all school or college nurses and student welfare advisors should

be giving advice about sexual health formally or informally. How pro-active this advice-giving role is will vary; from responding to questions solicited individually by students, to advice-giving as part of an advertised drop-in session.

Offering the more clinical and physical services on the school or college site tangibly improves young peoples access to sexual health services by removing the barriers of timing and location - and in some cases, stigma - that hinder young people's access to services in community settings.

The prevalence of on-site sexual health services in further education settings

In response to the survey, information was provided for 77% of further education settings in the country. Further education settings are taken to mean general Further Education Colleges, specialised Further Education Colleges (e.g. land-based colleges) and Sixth Form Colleges. Schools with Sixth Forms are included in the forthcoming schools data.

Independent training providers are not included in the survey data published. However it should be noted that there are more than 1000 such providers in the country who are working with young people who generally have lower levels of educational achievement - a factor closely linked with teenage pregnancy. A number of Entry to Employment providers have recognised that the young people they work with need easier access to sexual health services and have established basic services on-site.

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Table 1: Number and percentage of further education settings with on-site sexual health services by government region.				
Region	Number of colleges in sample with no on-site sexual health services	Number of colleges in sample with basic level of sexual health services or more	Number of colleges in sample with specialised sexual health services	% of colleges in sample with basic level of sexual health services or more
South East	3	40	16	93
South West	8	23	5	74
North West	18	29	8	62
North East	5	18	6	82
London	5	23	8	77
Yorks & Humber	6	27	6	82
West Midlands	27	24	4	47
East Midlands	5	16	2	76
East of England	13	18	7	58
National Totals	90	218	62	71

Across the national sample, 71% of colleges had basic sexual health services onsite - which is a total of 218 colleges. From the information provided 62 colleges are known to offer their students specialised sexual health services on site.

Discussion

The data suggest that delivering on-site sexual health services in further education settings is the norm rather than the exception. Decision-makers who may be hesitating because of worries that an on-site sexual health service will be radical and controversial can now make bold steps to put services in places where young people can use them. The guidance 'Improving Access to Sexual Health Services in Further Education Settings' (DfES 2007)² provides further detail about how to get started.

Because the sample is based on voluntary return of the survey there may be some over-reporting of colleges with on-site services. Teenage Pregnancy Coordinators may have been more keen to complete the survey if they had on-site services to report.

A full list of colleges for which no data were provided are listed on the SEF website: www.ncb.org.uk/sexualhealthservices where a range of case studies can also be found. It is hoped that these findings

showing that the majority of colleges have on-site services will act as a critical mass, encouraging colleges where no services are available to invest in at least a basic level of services.

These findings provoke further questions about the impact of on-site sexual health services in further education settings on young people's sexual health outcomes. Multiple factors influence young people's sexual health (DfES 2006)³ but anecdotal evidence from colleges that have invested in on-site services suggests a direct link between on-site sexual health services and improved student retention - with fewer students leaving courses early due to unplanned pregnancy.

Discussions with college service coordinators reveal that the up-take of services increases in colleges that also provide a linked programme of Sex and Relationships Education. Clearly young people need accurate information about sexual health and an understanding of what services offer if they are to make informed choices to benefit their health and well-being.

The key question for every college to ask when evaluating their service is "if this young person had not used this sexual health service in college - would they have accessed any other service?"