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## Lucy Emmerson

# National Mapping Survey of On-site Sexual Health Services in Education Settings: Provision in FE and sixth-form colleges

The Sex Education Forum has been at the forefront in creating knowledge and sharing practice about the provision of on-site sexual health services in further education settings since 2006. This summary report presents findings from the first ever national mapping survey of on-site sexual health services in further education settings. The survey covers 100 per cent of mainstream further education (FE) and sixth-form colleges in England.

More young people are continuing their education after leaving school than ever before: an estimated 79.3 per cent of 16-year-olds were participating in full-time education at the end of 2007. FE and sixth-form colleges are the destination for just over four in ten young people at age 16 (DCSF 2008b).

More than two-thirds of young people first have sex aged 16 and above - and this age group is burdened with high rates of STIs and unplanned pregnancy. Young people are also the group least likely to access contraceptive and sexual health services.

Further education is a key setting for providing contraception and sexual health services in a place and style that meets young people's needs. Government policy is committed to ensuring that all young people have the information they need to make informed choices about their relationships and sexual health. Increasing access to sexual health services in further education settings is a specific commitment in the Children's Plan 2007. Furthermore, a strong

evidence base exists about the effectiveness of easier access to contraception in reducing teenage pregnancy rates. This report shows just how common on-site sexual health services in further education settings now are. Sexual health services are defined as more than information and advice - they include tangible services such as the provision of condoms and pregnancy testing. This report also reveals the variation in provision, with some colleges providing no sexual health services while their neighbours may be offering comprehensive provision.

### Key findings

The survey data show that the majority (71.7 per cent) of FE and sixth-form colleges provide some level of on-site sexual health services for their students. The prevalence of this provision in colleges varies between government regions, from 51 per cent (in the West Midlands) to 86 per cent (in the North East). In 106 colleges there are no sexual health services provided on-site, this represents 28 per cent of all college Provision between local authorities and within local authorities varies. In 13 local authorities there is no sexual health service provision in any FE or sixth-form colleges.

The level of service provided varies - with a total of 64 colleges (17 per cent) offering a wide range of contraceptive and sexual health services on-site. In some cases this includes long-acting reversible contraception (LARC). Information provided by respondents also demonstrated

variations in the quality of services provided and, in some cases, raises concerns about inequality in access to services. For example, young people aged 14-16 attending college are excluded from services in some cases.

The process of gathering data also revealed variations in the level of knowledge about service provision in FE across a local authority. This is being addressed in some areas by mapping existing provision.

Taken together with the mapping report of sexual health services in schools and pupil referral units published earlier this year (Sex Education Forum, 2008a), this report aims to add to knowledge about the prevalence and distribution of services in education settings.

Comparison between data in these two reports shows that there is inconsistency in service provision across education settings within individual authorities - with some authorities having high provision in colleges and low provision in schools and vice versa.

## **Recommendations**

The Sex Education Forum recommends that consideration is given to setting up on-site sexual health services in all further education settings and makes the following recommendations for action.

### **Build clear messages into national policy**

Clear messages in government policy will support sustained investment in sexual health services in further education settings.

Because of the more independent governance of the further education sector compared to the school sector, there is an important role for national policy to be consistent in explaining the benefits of service development in further education in terms of the health, well-being and achievement of young people.

### **Local authorities to take a strategic and coordinated approach to service development in further education**

Local Children's Trusts Partnerships need to be used as a structure to bring together all partners to assess and develop service provision for young people. By pooling knowledge of existing service provision and harnessing expertise, local authorities can lead a more strategic and coordinated approach to service development in further education settings and deliver on the commitment made in The Children's Plan (DCSF 2007).

Local authorities need to work with colleagues in the Primary Care Trust and further education institutions to identify funding and resources where service provision is lacking.

### **Extend service development across the broader further education sector**

Further research is needed to establish the prevalence of on-site sexual health services in special colleges; work-based learning providers; and other establishments working with young people aged 16 and above, such as young offenders institutions. These settings outside mainstream further education provision offer massive potential to improve access to sexual health services for some of the most vulnerable young people.

### **Develop tools and capacity to maximise service effectiveness**

It is important that clear information is available about how to develop a good quality and cost-effective on-site sexual health service. Investment is needed to ensure that the capacity of clinical and non-clinical staff is maximised. This will help to extend the range of services offered from basic sexual health services to more specialised services where this is needed.

Tools need to be developed to monitor the use of on-site sexual health services and

to help make sure that services are equally accessible to all young people. The You're Welcome quality criteria provide an appropriate quality assurance tool, but need to be adapted to FE settings.

### **Enable professionals to share practice**

The Sex Education Forum runs a network for professionals developing sexual health services in further education settings enabling the sharing of practical know-how. Continued networking and practice sharing will help build a body of knowledge about what works and support the development of high quality services.

### **Ensure sex and relationships education in further education**

Young people say that they would benefit from SRE continuing in post-16 education. Evidence also shows that good quality Personal, Social and Health Education (PSHE), which includes SRE, is needed alongside better access to services for teenage conception rates to drop.

Without learning about the importance of looking after one's sexual health, what services offer, and where and how to access them, on-site services are unlikely to be effective.

Creative approaches and resources need to be developed and shared about SRE for the 16-19 age group. Senior level support is needed to ensure that sex and relationships education is provided in further education to meet young people's needs.

### **Track progress**

This survey is the first national mapping survey of on-site sexual health services in further education settings and provides a baseline against which future developments can be measured. Progress can be tracked by repeating the survey at intervals.

Future surveys should consider mapping the full range of health services that are provided in education settings alongside sexual health services.

Similarly, it is recommended that regular

mapping at local authority level be carried out to ensure that adequate knowledge is available to inform service development. Mapping needs to be combined with ongoing consultation with young people to ensure that services meet their needs.

### **Celebrate success**

Further education institutions and partner agencies should be congratulated on the rate of progress achieved so far in developing on-site sexual health services. College principals and senior colleagues in the local authority and PCT need to speak proudly and openly about the services they are developing.

Careful work with local media helps to share this success. Proactive communication will also open up opportunities for local networking and learning and thereby improve the quality of services.

### **Conclusion**

Experiences in developing services vary between areas, but the majority of local authorities now have further education settings with on-site sexual health services.

The 13 local authorities that have not yet developed such services can draw strength and confidence from other areas that have demonstrated their commitment to service development in a setting that increasingly promises to ensure better access to services for young people.

Given the reported success of on-site sexual health services and the strong support in government policy, this is a trend that is sure to continue, helping to provide young people with the access to the services they need.

To read the full report "National mapping survey of on-site sexual health services in education settings: provision in FE and sixth form colleges" please visit this website:

[http://www.ncb.org.uk/dotpdf/open\\_access\\_2/sef\\_fe\\_survey\\_08.pdf](http://www.ncb.org.uk/dotpdf/open_access_2/sef_fe_survey_08.pdf)