


School based sexual health services: a  
systematic review and survey in the  
United Kingdom

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# School based sexual health services: a systematic review and survey in the United Kingdom

- Owen J, Carroll C, Cooke J, Formby E, Hayter M, Lloyd Jones, M, Stapleton S(2010). School-linked sexual health services for young people (SSHYP): a survey and systematic review concerning current models, effectiveness, cost-effectiveness and research opportunities. *Health Technology Assessment* ; **14** (30).
- Joint study between University of Sheffield and Sheffield Hallam University, UK

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- The UK has the highest teenage birth and abortion rates in Western Europe.
  - Rates of teenage births are five times those in the Netherlands, double those in France and more than twice those in Germany.
  - Rising rates of STI and abortion.

# Sexual health promotion – UK Health Department

- Teenage Pregnancy unit
- Sexual health strategy:
  - Sex and relationship education (SRE)
    - School based sexual health care
- Educational policy – ‘*Extended schools*’ and ‘*healthy Schools*’

# School nursing in the UK

- Well established and varied role
- Large schools have a dedicated nurse – others share nurses.
- School nurses often involved in statutory sex and relationship education (SRE) – input and role variable.
- Role in school based or school linked sexual health clinics

# School based sexual health clinics

- Lack of information in the UK as to:
- *Nature and extent of school based sexual health provision.*
- *Nature of the school nurse role in this area*
- *Lack of knowledge about school nurses experiences of establishing and running school based sexual health services.*

# The Project- funded through the NHS Health Technology Assessment programme

## Aims

- To define and describe service models, for school-linked sexual health services for young people in the UK.
- To review and synthesise existing evidence from qualitative and quantitative studies, concerning the effectiveness, acceptability and cost-effectiveness of identified school-linked services.

# Aims

- To assess the costs and benefits of specific interventions, using an appropriate baseline model.
- To identify potential areas for further research concerning school-linked sexual health services for young people in the UK.

# Study design and methods (1)

Systematic review – 3 elements:

- Synthesis of quantitative studies – impact of services
- Synthesis of qualitative studies – views of young people, staff and others, e.g. about accessibility, confidentiality

# study design and methods (2)

- In-depth telephone interviews with sexual health managers and policy makers in public health networks across the UK (51)
- Postal questionnaire circulated to school nurses (SNs) (n=205)



The survey....

# Services: what are we talking about, in practice?

- **On-site: No clinic** - school nurse (alone) provides one-to-one advice
- **On-site: Temporary clinic** - school nurse provides lunchtime drop-in sessions
- **On-site: More permanent clinic** - drop-in- through the day – school nurse & other staff
- **Off-site: drop-in** (& possibly some outreach), e.g. after school – collaboration with youth service
- **Off-site: drop-in** (& possibly some outreach), collaboration with primary care

# Staffing/skill mix

- **school-based services** staffed by school nurses;
- **school-based and school-linked services** staffed by multi-professional teams without medical practitioners;
- **school-based and school-linked services** staffed by multi-professional teams with medical practitioners.

# Levels of service provision

- **Level 1:** school-based general health provision but no distinct sexual health service
- **Level 2:** school-based minimal sexual health service, offering advice and signposting only

# Levels of service provision

- **Level 3:** school-based or school linked basic service, offering advice, information and some products and/or services
- **Level 4:** school-based or schoollinked intermediate service, offering information, advice and a wide range of products and/or services

# Levels of service provision

- **Level 5:** school-based or school linked comprehensive service, offering information, advice and a full range of products and services specific to sexual health needs

# Strengths of current provision

- Many positive references to support and resources from Teenage Pregnancy Strategy
- Many positive references to Extended Schools initiatives as helpful
- Many examples of new and established services with high level of use & approval by young people, especially boys/young men
- Examples of innovation, collaboration (e.g. school, NHS, youth service)

## Issues in relation to current provision

- In-school or near to school?
- Generic or SH-specific: majority preference for 'generic' branding, rather than sexual health
- Closely linked or integrated with Sex and Relationships Education, or not...? Integration is valued by SH & SN practitioners, but very dependent on school policy and 'ethos'

# Key issues for the development of school based sexual health services

- Location
- Opening hours
- Marketing and branding
- User involvement
- Responses from schools/parents
- Evaluation and development
- Funding streams

# Condom concerns...

*‘You know, we’re talking under 16s. So... are we saying sex is OK under age? That’s always a debate... and [there’s] always a panic that there’ll be condoms all round the school, and blown up and left on cars, which again is never really seen... ‘*

# parents' reactions

*There's parents phoning up and saying something like 'my 13 year old boy can't tie his shoelaces, but he seems to have some condoms. What's all that about...?' But because we've got the support of the school, and they sort of understand what it's all about, they sort of say...*

# Secrecy..!

*‘Some schools, they won’t even let you put the posters up. It has to be inside the office, where the nurse works... It can’t be in a corridor, presumably in case anyone reads it!’*

## confidentiality – differing professional assumptions too

*‘... we have had a couple of glitches [problems], such as one school, who told the school nurse that they would only let young people come [to the sexual health clinic] if they knew at the end of the day who’d been and what for....*

# Current provision - summary

- School-linked SH initiatives have high profile in national policy, yet funding and staffing appear under pressure in some locations
- Schools' relative autonomy has large impact
- Initiatives often short-term; subject to being overtaken by new policy initiatives (HPV vaccination etc); dependent on key enthusiasts
- Why such a wide range in the type of service offered?

# The study has

- Clarified and illustrated service models
- Identified important issues about policy, practice and research
- Assessed, summarised and made available existing evidence about relevant services

## **It hasn't:**

- Evaluated specific UK services
- Proved which service models work best here
- Delivered cost-effectiveness analyses

# Quantitative evidence of effectiveness

- Quality of evidence: generally very limited
- That is – data on ‘outcomes’ not there, or very limited; lack of baseline data; little/no follow-up; other problems...

# Future research...

- Substantial, primary research is needed with the scope to address 'impact' and 'outcomes' over time, and to compare the distinct models identified in this study - that is:
- school-based services staffed by school nurses;
- school-based and school-linked services staffed by multi-professional teams without medical practitioners;
- school-based and school-linked services staffed by multi-professional teams with medical practitioners.

# Future research

- Primary research to examine the views and experiences of particular groups of young people who have been explicitly under-represented studies to date: these include young people with disabilities, minority ethnic young people and young lesbian, gay and bisexual people.

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