

GUIDANCE FOR DEVELOPING  
CONTRACEPTION AND  
SEXUAL HEALTH ADVICE  
SERVICES TO REACH BOYS  
AND YOUNG MEN



# Guidance for developing contraception and sexual health advice services to reach boys and young men

## INTRODUCTION

As the Social Exclusion Unit Teenage Pregnancy Report points out, half of the solution to Britain's high rate of teenage pregnancy depends on increasing the involvement of boys and young men in decisions about relationships, contraception, sexual health and pregnancy.

Improving boys and young men's uptake of contraceptive and sexual health services is a key strand of the overall strategy. Although the number of men attending contraceptive clinics in England has more than quadrupled since 1975, they still form a tiny percentage of the overall attendance.

With the Teenage Pregnancy national media campaign actively encouraging boys and young men to access local contraception and sexual health services, it is important that welcoming services are in place to meet the anticipated increased demand.

## How does this guidance fit into the teenage pregnancy strategy?

The *Best Practice Guidance on the Provision of Effective Contraceptive and Advice Services for Young People* was issued by the Teenage Pregnancy Unit in December 2000. This sets out the criteria against which services for young people should be commissioned and developed to make them more accessible to teenagers.

This guidance provides supplementary and more detailed advice for reviewing and developing services to meet the needs of boys and young men. It draws on existing research with boys and young men, and from consultation with practitioners, to identify the practical steps that can be taken to improve mainstream services and to develop targeted initiatives.

## Teenage Pregnancy

It is intended for use by teenage pregnancy co-ordinators with their local teenage pregnancy/sexual health partnerships, to help ensure:

- that the needs of boys and young men are included in service development plans
- that local targets are developed on increasing service uptake by boys and young men



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# 1. THE CONTEXT

- 1.1 Boys learn from a very early age the behaviour that is expected of them. They learn the ‘right’ toys to play with and messages such as ‘boys don’t cry’. They often miss out on sex education in the family while school sex education has historically focused on biological aspects of reproduction and does not explore the impact of masculinity on attitudes and behaviour. Their main source of information is friends, but this information is often factually wrong while discussion tends to be limited to ‘performance stories’ of sexual conquests, real or imagined and doesn’t touch on emotions or relationships.
- 1.2 Despite this lack of sex and relationship education, boys are expected to know about sex and experience pressure to have sex at an early age. They are not seen as needing help and support. Consequently, seeking help may be perceived as a weakness. Contraceptive and sexual health advice services therefore need to make special efforts to increase the uptake by boys and young men.

## Contraception and the changing social climate

- 1.3 During the last few years there has been an important cultural shift in attitudes towards contraception and sexual health. Traditionally, responsibility for both using contraception and dealing with any consequent problems has been seen as “women’s business”. Sex and relationship education in schools and from parents and carers has focused on protecting women from the consequences of sexual activity; contraceptive services have been provided almost exclusively by and for women; and women and men themselves have viewed men as peripheral to preventing unwanted pregnancy. The importance of boys and young men protecting their own, as well as their partner’s sexual health, has not been a priority.
- 1.4 There is however a new understanding of boys and men which looks to the social and cultural influences that make young men behave the way they do. In order to develop accessible services for boys and young men, it is essential to understand the impact of models of masculinity on their lives and to see where attitudes to contraception and sexual behaviour originate.

## “Public v Private” young men and masculinity

- 1.5 The picture which emerges from workers in the field is of young men under enormous pressure to live up to cultural norms. In certain contexts these bring obvious benefits of economic power, independence, and freedom of choice. But they may also inhibit the forming of successful, equitable sexual and emotional relationships, responsibility for sexual health issues and the playing of a full and rounded role as a parent.
- 1.6 Young men do not always feel comfortable, for example, playing the role of ‘stud’. Many find it hard to say no to peer pressure and feel the need to be seen as being sexually active and sexually ‘successful’. Many young men feel compelled to indulge in high levels of risk taking in order to ‘prove’ their manhood and this manifests itself as much in sexual behaviour as it does in crime or drink and drug abuse.
- 1.7 This ‘public’ world of young men, reinforced by the media and often policed by peer pressure, may often be in conflict with their ‘private’ world where they may feel less confident, less knowledgeable and more vulnerable.

## Homophobia , risk-taking and self esteem

- 1.8 The pressure to conform leads to high levels of homophobia directed at other young men seen as ‘different’, ‘weak’ or ‘feminine’. This not only contributes to risk taking behaviour and to bullying but also contributes to poor use of services. Asking for help is seen as a weakness that many young men find impossible to publicly refute. Many boys end up with low self-esteem because they have no one and no support service with whom to share their feelings and anxieties. The impact of racism, culture, religion and social class can further undermine self esteem and increase risk taking.
- 1.9 The recent social changes in attitudes to gender roles, which are undoubtedly of benefit to women, have left many young men in a ‘no man’s land’. Old models of behaviour have rightly been questioned, yet new models and role models are still unformed. This feeds into the limited responses many young men exhibit in their attitudes and behaviour around sexual and emotional relationships.
- 1.10 Research with young men shows their desire for change around these issues. Services that have successfully engaged with boys and young men have also reported their willingness to disclose and discuss sexual health issues and personal anxieties.
- 1.11 Yet young men often express the view that mainstream contraceptive services are not for them. For those already disaffected and marginalised, mainstream health focused services will seem even less relevant. Staff, whose training usually focuses on young women, also report feeling uncomfortable working with boys and young men and can view their attendance as a problem.
- 1.12 The challenge is to take a positive approach to recognising the needs of boys and young men and providing services they trust and use.

## 2. IMPROVING SERVICES: Making contraception and sexual health advice services accessible and acceptable to boys and young men

2.1 The headings in this section correspond to the headings of the *Best Practice Guidance for the Provision of Effective Contraception and Advice Services for Young People*, issued by the Teenage Pregnancy Unit in 2000. This guidance draws on research with boys and young men to give additional suggestions for providing quality services in both mainstream and targeted settings.

### 2.2 Action

2.2.1 The first step is to put the needs of boys and young men firmly on the agenda of the local teenage pregnancy/sexual health partnerships. It may be helpful to set up a sub-group to take the work forward. This might involve a 'task force' of a group of boys and young men from a local youth group or school to ensure the work remains focused on the needs of the potential users. Other potential sources include local youth fora and councils.

2.2.2 Local co-ordinators should work with commissioners, Primary Care Groups/Trusts, other NHS Trusts, local authorities, health authorities and non-statutory agencies to:

- Map existing provision of services providing condoms and sexual health advice to young men, together with data on client numbers.
- Review services against this guidance.
- Action an on-going programme of service development, which involves boys and young men to ensure implementation of this guidance.
- Establish links with other statutory, voluntary and community based organisations already working with boys and young men to explore working in partnership around sexual health.

2.2.3 Health authorities should monitor the performance of those delivering services against this guidance under their Health Improvement Programmes as one of the key actions to achieve the local teenage conception targets.

### 2.3 Involving young men and needs assessment

2.3.1 The involvement of boys and young men is crucial to any service development plan to meet their needs.

- 2.3.2 However, boys and young men are no more homogenous than girls and young women. Consultation and involvement need to recognise diversity and seek the views of a wide range of potential service users. It is particularly important to find those who feel the most marginalised from services. Local data on teenage conceptions will help to identify those at highest risk. Data on sexually transmitted infections will also provide an indication of trends. Careful consultation can then be carried out to ensure that service planning meets the needs of the most reluctant service user.
- 2.3.4 To avoid duplication of effort, it is important to check whether colleagues in other settings have undertaken any recent consultation with boys and young men. If the work is relevant, it may provide both the beginnings of a needs analysis and access to young men who may wish to be involved in service development.
- 2.3.5 Not only should young men be consulted as part of setting up a service but also in the ongoing review and evaluation of services. Consultation groups with clearly defined remits could give young men a voice for feedback and an influence in future developments. Some services have young men involved on advisory/management boards or delivering peer education and support. However, less assured and assertive boys and young men will need to develop the skills and confidence to take part.
- 2.3.6 Boys and young men's views and feedback on services can also be used in training exercises with staff. Managed carefully, the sharing of perceptions between professionals and clients, can be an effective way of enhancing understanding and improving consultations.
- 2.3.7 The Teenage Pregnancy Unit has issued guidance on how to involve young people that includes examples of successful practice. The guidance was disseminated to co-ordinators through a series of seminars in April and May 2001 and is available on the TPU website.

## 2.4 Age specific service

- 2.4.1 The *Best Practice Guidance* recommends an upper age limit of 25 in services designated for young people. Local consultation will help to determine whether separate sessions for specific age groups would better tailor the service to different interests and needs.
- 2.4.2 Younger boys for example may use the service as a safe place to check out myths and misinformation and discuss concerns about the emotional and physical changes of puberty. Older boys who are more likely to be sexually active, may use the service primarily for free condom supplies.

## 2.5 Confidentiality

- 2.5.1 Confidentiality of sexual health services is important to all young people, including boys and young men.

- 2.5.2 Health professionals owe the same duty of confidentiality to boys under 16 as they do to girls. Other professionals' confidentiality policies should also apply equally to both genders.
- 2.5.3 All services should have an explicit confidentiality policy which all young people are made aware of. Recent research has helped to identify girls and young women's specific concerns about confidentiality and how best services can allay them. Although boys and young men may share the same anxieties, local consultation with potential users will help to ensure that written and verbal reassurances about confidentiality are fully understood.
- 2.5.4 The Confidentiality Toolkit is a useful training resource for general practice. A further confidentiality training pack, for multi disciplinary staff teams in community settings, is being published by Brook in Summer 2001.

## 2.6 Staff attitudes

2.6.1 Because young men access services in different ways to young women this is sometimes intimidating for staff. Young men often arrive in large groups and can be loud and noisy to cover up embarrassment. To work successfully with boys and young men, staff need training to gain the confidence and skills to understand and meet their needs. This should form part of on-going professional development plans. Elements which need to be covered in training programmes include:

- Exploring society's and individual's attitudes and values towards young men;
- Understanding the private/public dimensions behind boys and young men's behaviour and the different needs from young women;
- Creating a safe environment that enables young men to access information, advice and support;
- Developing skills for managing the way in which boys and young men often access services, for example in large groups;
- Using methodologies that successfully engage young men both in one to one consultations and in group work;
- Developing strategies for working with and challenging homophobia;
- Using relevant resources.

Training may be available through the local health promotion unit. Details of organisations which provide training on working with boys and young men nationally are on page 39.

- 2.6.2 Training on working with boys and young men should be included in the individual on-going training plan for all staff. It is particularly important for reception staff who are the first point of contact and largely responsible for the welcome and general atmosphere the service conveys to its clients. However, as services are often inexperienced in this area, it may be beneficial to have a one day training event for all staff to help the development of a shared philosophy and team approach to working with boys and young men.
- 2.6.3 Adopting a multi-disciplinary approach and pooling training budgets may provide further benefits and be more cost effective. A workshop including teachers, youth workers, sexual health service staff, health promotion, school nurses, social workers, probation staff and relevant voluntary organisations can raise awareness of the sexual health needs of boys and young men. Expertise can then be developed to meet their needs in a range of settings.
- 2.6.4 If training resources are limited, a minimum of one member of staff in each service should have the skills to work successfully with young men. This could be organised by prioritising training for the most appropriate member of staff, or through recruiting an additional person to specifically work with boys and young men. Their role might focus on liaising with boys and young men in the reception/waiting area, ensuring their needs are met by the service and supporting the staff team, or providing the direct sexual health advice and information.
- 2.6.5 Research with young men has not clearly identified whether they prefer to see male or female staff. The skills of being able to communicate about sexual health openly and without embarrassment appear to be as important as gender, but including men as part of the team provides choice to clients. It also helps to change the female dominated image of services which deters some young men from accessing advice.
- 2.6.6 However, the recruitment of male staff into sexual health services has not been easy. For many of the same reasons that young men find it difficult to access services, men may be nervous about taking on the mantle of sex educator. The part time, low paid nature of the work adds to recruitment difficulties. Some successful approaches to recruiting and involving male staff include:
- Partnerships with the youth service where joint funding has either enabled a male youth worker to work in a sexual health clinic at specific times or a sexual health nurse and/or doctor to provide advice and information alongside a male youth worker in a youth work setting.
  - Secondment of men interested in sexual health work from the youth service.
  - Involvement of local medical or nursing students.

- Placing advertisements where existing male staff will read them, such as local youth work newsletters.
- Proactively encouraging male applicants by including a statement such as ‘applications from men particularly welcome’.
- ‘Growing your own’ male workers through peer education programmes and developing models of work for volunteers.

2.6.7 As sexual health work with boys and young men is relatively new, in addition to training, it is important to build in time for services to reflect and review their practice. This provides opportunity for staff to discuss successes, problems and dilemmas and enables new approaches to be developed. It is particularly important for staff in detached settings who often work in relative isolation.

## 2.7 Atmosphere

2.7.1 Because boys and young men view sexual health services as provided by and for women, they are unlikely to make use of services unless the atmosphere reflects their culture. Taking sexual health advice out to where young men are helps to overcome this problem, but services can make a real difference to the welcome they convey to boys and young men by the choice of décor and images, at relatively low cost.

2.7.2 Signage to the service and at the entrance should mention that boys and young men are welcome. Posters in the waiting area should include positive images of young men and magazines should include a range of titles of interest to boys and young men. As with girls and young women, local radio, TV (particularly MTV) and videos are popular with young men and help both to create a non-clinical atmosphere and to protect confidentiality of any discussions with the reception staff. Health promotion leaflets should include relevant issues, such as testicular cancer. Boys and young men may find it easier to pick up sexual health leaflets if they are put alongside leaflets publicising local events such as clubs, concerts or sports activities.

2.7.3 Images of local ‘heroes’ and positive role models in the services can be an effective way of attracting boys and young men. Because these vary between areas and different cultural groups, it is important to consult locally with local boys and young men.

## 2.8 Location

2.8.1 The right location is crucial to the success of any young person’s service. The *Best Practice Guidance* highlights the points which help make services hard to miss, rather than difficult to find. Local consultation with boys and young men will also help to ensure that services are run in the right part of town to make them easily accessible. Research suggests that older boys may not travel to a service for free condoms if the transport costs exceed the price of a buying a pack of condoms.

- 2.8.2 However, the right location of mainstream services may not be enough to attract boys and young men who are reluctant to step through the door of a formal service or those for whom other life events make sexual health a low priority. For them sexual health advice may be more accessible if it is threaded through activities in which they are already involved. This may mean taking sexual health services out into the community, closer to where young men spend their time, through partnerships with statutory, voluntary and sometimes commercial organisations, such as clubs and sports centres.
- 2.8.3 Finding out from boys and young men the most frequented venues, leisure activities and best used community projects and popular community leaders will help to identify potential partnerships for targeted provision outside mainstream services.
- 2.8.4 Sexual health advice also needs to be taken to boys and young men at particularly high risk of social exclusion such as those in public care, pupil referral units and young offenders institutes.
- 2.8.5 Targeted initiatives that have proved successful include mobile units, male only clinics, links with sports activities, such as local football clubs and football in the community services, the provision of condoms and sexual health information in barber shops and sex and relationship education and advice sessions in adolescent secure units. (See 5.0 for examples of interesting practice.) A team of youth worker and nurse is commonly used in detached targeted work but it is important to have sufficient numbers to manage the unpredictable and sometimes intensive nature of targeted work. *Working Together: Effective joint working for school nurses and youth workers*, has been produced by the Royal College of Nursing and the National Youth Agency (see page 18).

## 2.9 Opening hours

- 2.9.1 Opening hours need to work around the time constraints many young people have when trying to access services. These are shared by boys and young men and are highlighted in the *Best Practice Guidance*. In rural areas boys and young men (as well as girls and young women) are sometimes unable to access services outside of school hours. Linking pupils to services in the community that can be visited during lunch hours may help to overcome this problem.
- 2.9.2 There may be local events, such as football matches or local leagues which could potentially clash with service opening hours. These need to be identified through local consultation.
- 2.9.3 Some services have found it beneficial to run separate sessions for boys and young men at times which they find most accessible. Friday afternoons after school have proved popular but services need to be given time to work and results may not be instantaneous.

## 2.10 Contraceptive and sexual health advice

2.10.1 The Best Practice Guidance recommends the minimum level of contraceptive and sexual health advice that should be provided in a service for all young people. It also highlights the importance of offering sufficient time and support to help young people make informed choices about their relationships and sexual health.

2.10.2 The minimum level of sexual health advice and contraception for a service specifically targeted at boys and young men should include:

- staff trained to work with boys and young men
- staff trained in counselling skills
- a range of condoms (including different sizes and shapes) and advice about using them correctly
- information about:
  - emergency contraception and where to access it;
  - sexually transmitted infections and local STI services;
  - sources of non-judgemental pregnancy counselling;
  - local support services for teenage parents;
  - youth counselling.

2.10.3 Boys and young men often access services in ways that make effective engagement difficult. Nervousness and apprehension may be displayed in extreme reticence or in noise and bravado. This often makes staff view boys and young men as problematic which further reinforces their feelings that they are not welcome. The challenge for services is to find ways of engaging boys and young men so they feel sufficiently at ease to ask for the sexual health information and support they need. This might be done in a variety of ways.

- Minimising the registration protocol at the first visit. The first contact boys and young men make with a service can determine whether or not they return. The aim of the service should be to demonstrate that the service is safe for them to use. This might simply involve reassurance about confidentiality and telling them what information and services are available. They can then choose to talk further or to make another visit.
- Including one to one consultations as a routine part of the first visit. Much of the bravado falls away when boys and young men leave the pressures of their peer group. Being seen individually provides a confidential safe space to ask for what they need.

- Through consultations with girlfriends. Many young men accompany their partners to services. Staff who are confident in working with boys and young men can both involve them in discussions about contraception and find out whether they have specific questions about their own sexual health. Offering the opportunity to be seen alone may help them disclose anxieties or ask questions they don't want to share with their partner.
- Opportunistically, in primary care. On average boys access general practice twice a year for general health problems. This provides an opportunity for GPs or practice nurses to raise sexual health issues, offer reassurance about confidentiality and ensure boys and young men know where they can get advice and free condoms if and when they need them.
- Indirectly, through other group activities. Boys and young men's reticence in talking about sex, sexuality and sexual health can often be overcome if discussion develops alongside other activities either in clinic settings or through outreach in the community. There are several examples of group methods involving activities not generally associated with sexual health education.

Single sex group work with young men using games and other participative exercises can be used in clinic settings or in outreach in youth centres.

Sport is a good way to raise awareness and increase access to condoms. Sports teams provide a ready made small group to work with. Many young men see sport as a way of maintaining and improving their overall health that provides a context for sexual health discussion.

Drama and theatre work is a powerful tool in engaging young men in emotional and relationship issues and building knowledge and confidence about accessing services.

Peer education can also increase young men's confidence in using services.

School based SRE work, which links with community services by pupils visiting clinics or clinic staff participating in the SRE programme.

Detached youth work and outreach work in places where boys and young men gather. Although labour intensive, it often reaches those not easily accessed through schools or the youth service.

2.10.4 The provision of free condoms is a major factor in attracting boys and young men to visit services. Different models of condom distribution have been developed locally but wherever condoms are provided there must be a clear policy for staff to follow. This provides the necessary management support for workers to deliver the service with confidence. This is particularly important in detached work in non-clinic settings and in work with younger boys.

2.10.5 The decision on the allocation of free condoms is one that has to be taken locally. However, with the Teenage Pregnancy National Campaign strongly

encouraging the use of condoms, it is important that boys and young men are prioritised in access to supplies of free or very low cost condoms. The Teenage Pregnancy Unit and the Sexual Health Strategy team are exploring ways of making condoms widely available at a price young people can afford.

2.10.6 Where free supplies are limited, services might provide an initial 'starter pack' of free condoms with education about how to use them correctly and information about emergency contraception should any problems occur. This might be particularly appropriate in general practice.

2.10.7 Services providing condoms should ensure that boys and young men have information about and access to condoms of different shapes and sizes.

## 2.11 Publicity

2.11.1 Key points on publicity are included in the *Best Practice Guidance*. However, it is important to explicitly mention boys and young men to help overcome their perceptions that services are for women only. Statements such as 'young men welcome' or 'young black men welcome' provides reassurance that the service is for them. Posters and leaflets need to include images of boys and young men or be designed in a style that resonates with their lifestyle. Existing research with boys and young men highlights preferred language, style and placing of publicity. Local consultation will further ensure the development of appropriate materials.

2.11.2 Word of mouth is the most commonly reported form of service publicity. Even if young people are aware of posters and leaflets, it is often recommendation from a friend that prompts the first visit. For boys and young men reassurance by peers that the service is welcoming may be even more important. To maximise the potential of the grapevine publicity, those already attending services could be given flyers/leaflets/credit card information to pass on to friends.

2.11.3 Staff doing detached work in the community should have publicity material to give to groups of boys and young men. Publicity for the service should also be given to statutory and voluntary organisations in contact with boys and young men and, if possible, disseminated through popular leisure venues such as clubs, bars and sports centres.

2.11.4 Helplines and websites are popular with boys and young men because of their anonymity. The Sexwise helpline and the associated website, [ruthinking.co.uk](http://ruthinking.co.uk), are publicised in the national media campaign ads. Guidance on when they can be used locally is included in Media Pack 2. Some areas have developed local helplines and websites to help publicise services that have been popular with boys and young men.

2.11.5 Mainstream services that welcome boys and young men and any targeted services should be included in the checklist and forthcoming directory of

services. The guidance for developing the checklist and directory also includes research references that highlight gender issues.

## 2.12 Monitoring and Evaluation

2.12.1 Monitoring and evaluation are key to ensuring that the aims of targeted resources and interventions are having an impact. Services for boys and young men should be monitored against both the *Best Practice Guidance* and this specific guidance.

2.12.2 Some indicators of success include:

- The numbers of young men accessing services/increases in the ratio of young men to young women;
- An increase in staff confidence to meet the sexual health needs of young men – this can be based upon self/peer/manager review;
- An increase in the quality and quantity of targeted services in informal settings, including initiatives to reach vulnerable and marginalised boys and young men.

2.12.3 Some commonly used methods of evaluation include:

- Client feedback forms;
- ‘Mystery shopping’ where young people access a service anonymously and report back on their experience against an agreed set of criteria.

2.12.4 An Evaluation Kit has recently been produced for providers of sexual health services for young people. All local teenage pregnancy co-ordinators have received a copy. Further copies are available from the Sexual Health Programme, Health Promotion Research Unit, Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT. Tel. 020 7927 2036 E-mail: [sexualhealth@lshtm.ac.uk](mailto:sexualhealth@lshtm.ac.uk)

### 3. PARTNERSHIPS AND POTENTIAL FUNDING FOR SERVICES FOR BOYS AND YOUNG MEN

- 3.1 Because boys and young men do not readily access mainstream or specific sexual health services, partnerships with other organisations already working with boys are particularly valuable. Partnership work has the benefit of combining the skills of staff experienced in relating to boys and young men with the expertise of sexual health professionals. This offers more of a one-stop service to the young people and allows the sharing of skills between the professionals that they can take back to their own service. The sharing of budgets can also increase funding.
- 3.2 To be successful, partnerships need to be developed between appropriate agencies each of which recognises the unique contribution of the others. They need to be developed at both strategic and operational levels with identified aims, objectives and outcomes of the project. When workers are from different professional backgrounds, it is essential they have clear and compatible policies to work to, particularly on condom distribution and work with younger boys.
- 3.3 It is important to ensure that the senior management of any partner organisation is informed about the project and prepared to speak to the media if necessary. Proactive media work should be incorporated into the overall local media strategy.
- 3.4 Local Strategic Partnerships (LSPs) are expected to be the primary drivers for improving well being at a local level. These partnerships will embrace councils as corporate bodies, the local health sector, voluntary organisations, the private sector and the community. They are intended to improve local public services by bringing together those who deliver or commission different services with those who use the services, to help ensure that services complement and add value to each other. LSPs hold considerable potential for developing work to reach boys and young men.
- 3.5 There is also additional guidance on Co-ordinated Planning for Children's and Young People's Services which concentrates on meeting the needs of those most vulnerable to social exclusion. Children and Young People's Partnerships will be linked to the LSPs and are expected to be developed over 2001-2 to 2003-4. Services for disaffected and marginalised boys and young men could be developed through these partnerships.

Other potential partners and funding include:

- Health Action Zones
- Quality Protects
- DfES Standards Fund
- Education Action Zones
- The youth service
- Connexions
- The National Healthy Schools Standard
- Young Offending Teams
- Regeneration funding (New Deal for Communities and Neighbourhood Support Fund)
- Local business, leisure or entertainment organisations

### 3.7 Connexions

- 3.7.1 The Connexions Service aims to provide all young people aged 13-19 with the advice, guidance, support and personal development they need to overcome barriers to participation. A number of Connexions Service pilots are underway, and the first sixteen Connexions Partnerships will begin to deliver the service in 2001.
- 3.7.2 In areas where the Connexions Service is operating, consideration should be given to the role of the Connexions Personal Adviser (PA), whose central aim is to help 13-19 year olds overcome barriers to engaging in education. PAs will be accessible to all young people but will target their help on those most at risk of not participating in education or training. They will be based in a variety of settings – e.g. schools and colleges.
- 3.7.3 Based on the young person's individual needs, the PA will be able to refer the young person on to specialist support on issues relating to contraception, pregnancy, sexual health and teenage parenthood, and in some cases the PA themselves may be able to provide such specialist support. Connexions Partnerships will work with local teenage pregnancy co-ordinators, to ensure young people have access to the integrated support they need. Further guidance on linking the teenage pregnancy strategy and Connexions partnerships is available on the TPU website.

## 3.8 The National Healthy School Standard (NHSS)

- 3.8.1 For the majority of boys, schools are a crucial access point. The National Healthy School Standard (NHSS) provides a positive framework for developing work with schools. The NHSS is a programme jointly funded by the DfES and the DH. It is based on the premise that a healthy school is one that is going to support pupils to look after their health, and to raise their educational achievement. The Standard provides a rigorous and flexible framework and a series of standards that schools can work towards, by supporting their local programme. There are eight specific themes and underpinning these are a series of standards to help support a whole school approach.
- 3.8.2 The Standard emphasises the need to work in partnership with those in the community. In particular the Sex and Relationship theme emphasises the need to work with community sexual health service providers.
- 3.8.3 This provides a Framework to work in partnership with schools to meet the needs of boys and young men. Working with schools is a key strategy to access young men before they become sexually active. The Building Bridges Project, currently being run by Working with Men, aims to produce a 'blueprint' for developing partnerships between schools and services to support the sexual health needs of boys and young men.
- 3.8.4 For details of your local NHSS co-ordinator, contact the NHSS National Team on 020 7413 8896.

## 3.9 Partnerships with the wider community

- 3.9.1 Work with boys and young men, particularly detached work and condom distribution can be seen as controversial and attract media attention. Information to parents and carers and consultation events to share the aims and objectives of projects have been shown to generate public support and help to deflect any negative press coverage. The vast majority of parents support sex and relationship education for young people and recognise that they communicate less well with their sons than their daughters. Informing them of the services available and the professional framework and policies within which staff work will help to allay any anxieties.
- 3.9.2 Proactive work with the local media is important to generate accurate coverage of work with boys and young men and helps to avoid defensive fire fighting in response to sensational headlines.

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**Working together. Effective joint working for school nurses and youth workers.** Royal College of Nursing. 2001. (Further information available from RCN School Nurses Forum. 020 7647 3740. Copies available from RCN Direct 0845 7726100).

## 4. EXAMPLES OF INTERESTING PRACTICE

4.1 The examples in this section provide a sample of interesting practice in different service settings. We are very grateful to those who have shared their practice. Further examples are welcome. If you would like your work included, please contact the Teenage Pregnancy Unit for a copy of the service example proforma.

### BARBERS SHOP CONDOM DISTRIBUTION SCHEME – COVENTRY

#### **Type of work**

Detached and outreach work. Workshops, displays and campaigns. Condom distribution scheme through local barbers.

#### **Profile of client group**

Barbers' condom scheme aimed at young men – 6<sup>th</sup> form students in all local boys schools.

#### **Aims and objectives of the work**

To raise awareness of the realities of teenage parenthood - exploring financial, emotional, and social aspects.

To raise awareness of contraception methods, refusal skills and negotiation.

To link young people to local sexual health services.

To link young men to Barbers' Shop condom distribution and One Stop Shop clinic.

#### **Identification of need**

Questionnaires/discussion with young men during workshops.

#### **Funding**

Coventry Health Authority

### **Key partners**

Coventry Youth Service

Terrence Higgins Trust

Coventry Health Authority (Health Promotion Services)

Women's Health and Information Centre

British Pregnancy Advisory Service

### **Process of development**

Questionnaires conducted in school with young men.

Local barbers shops approached.

Meeting with headmaster and head of PSHE.

Training session for barbers.

Parental consent letters.

Workshop to introduce barbers' scheme.

Evaluation.

### **Young people involvement in the work**

Consultation with groups of young men (all boys school).

Male volunteers and paid peer educators are involved directly in delivery.

Research with teenage fathers.

### **Feedback and evaluation**

Teachers

Young people participating in workshops/scheme.

Barbers.

### **Chosen indicators of success**

Intentions to delay parenthood (written evaluations)

Uptake of condoms through Barbers' Scheme

### **Useful lessons to share with others**

Boys and young men need to be consulted and services developed and adapted to suit their needs.

Involve parents to avoid adverse repercussions.

Be positive about asking for help from the local community e.g. barbers/hairdressers.

### **Contact name and details**

Lynnwen Jones,  
Sexual Health Programme Co-ordinator  
SHADOW (Sexual Health & Drugs Outreach Work),  
Southfields Old School,  
South Street,  
Coventry.  
CV1 5EJ  
Tel. 024 7622 7083

## MALE ONLY CLINIC IN YOUNG PEOPLE'S SERVICE - WIRRAL

### **Type of work**

A drop in "male only" clinic held after school every Friday at Brook in Wirral.

Run by a male youth worker providing condoms, sexual health and general advice and reception worker.

Chlamydia screening offered by urine test as part of Wirral chlamydia pilot.

### **Profile of client group**

Age group 10-18.

Mainly white

### **Aims and objectives of the work**

To build up the trust of young men who have traditionally found clinics unwelcoming and intimidating.

To 'include' the young men and encourage uptake of sexual health advice and clinic service to promote responsibility and positive sexual health.

To continue to increase the clinic attendance by boys and young men.

### **Identification of need**

Poor uptake of mainstream service by boys and young men compared with young women. More specialist individually tailored support needed.

### **Funding**

Health Authority via Brook in Wirral.

### **Key partners**

Brook in Wirral.

Other Brook Centres in the North West.

Secondary schools in the Wirral area.

## **Process of development**

Male youth worker appointed as part of Outreach Project funded by the National Lottery Charities Board.

Contact established with local secondary schools and sessions provided on SRE/PSHE, including teaching correct use of condoms.

Boys in school invited to male only clinic at Brook if they would like a one to one consultation and supplies of free condoms.

## **Young people involvement in the work**

The boys identified their own information, advice and support needs on sexual health and other personal issues and set their own agenda for what the clinic provided. Young men now attend because they see the clinic as their own.

## **Feedback and Evaluation**

Verbal feedback gathered from the boys/young men and the staff. Ideas from feedback integrated into service. As free condoms appear to be a trigger for attendance, the clinic tries to purchase a wide range, including novelty condoms (CE marked) When funding allows, clients are offered free t-shirts and boxer shorts with condom promoting messages.

## **Chosen indicators of success**

Total number of boys and young men attending the clinic.

Repeat visits.

Subsequent visits by young men bringing their girlfriends for contraceptive and sexual health advice when a relationship has started.

## **Useful lessons to share with others**

Young boys have totally different needs to young girls of the same age. They express themselves in very different ways and can be disruptive if placed in a mixed clinic. Boys who have attended regularly tend to then bring their girlfriends in for contraceptive advice.

The SRE/PSHE work in schools, delivered by the same youth worker who runs the clinic has been key to the project's success.

**Contact name and details**

Harriet Gill  
Centre Manager  
Brook in Wirral  
14 Whetstone Lane  
Birkenhead  
Wirral  
CH41 2QR  
Tel: 0151 670 0177  
Fax: 0151 670 0209  
e-mail [wirralbrook@talk21.com](mailto:wirralbrook@talk21.com)

## SCHOOL NURSE PROJECT – HEREFORD

### **Type of work**

One-to-one health interviews in pupil referral unit.

Boys only sex education lessons in PRU,

Small group visits from PRU to local contraceptive clinics.

### **Profile of client group**

Age group 12-16 years. Range of difficulties – school exclusion, phobia and medical needs

### **Aims and objectives of the work**

To raise self esteem and consider delaying penetrative sex.

To ensure thorough knowledge of contraception and condoms and the benefits of safer sex.

### **Identification of need**

Through health interviews with pupils and referrals from teachers.

### **Funding**

Within existing school nurse resources (Community Health Trust).

### **Key partners**

Teachers, pupils and school nurse.

### **Process of development**

Discussion and planning with key partners.

### **Young people involvement in the work**

Feedback after lessons to inform development of the work.

### **Feedback and evaluation**

Feedback from pupils and teachers.

No formal evaluation

### **Indicators of success**

Pupils have attended local contraceptive advice clinic.

Pupils have discussed issues with teachers.

Have returned to school nurse for further advice.

### **Useful lessons to share with others**

The lesson needs to be held in a small group.

Humour, the use of common language as well as correct terms help in establishing rapport with pupils.

This model of working in small boys only groups could have benefits in mainstream schools.

### **Contact name and details**

Maggie Colwell – School nurse,  
Hereford NHS Primary Care Trust  
Belmont Abbey  
Belmont  
Hereford  
HR2 9RP  
Tel : 01432 344 344  
Fax: 01432 363 900

## CLINIC PROJECT - WORCESTER

### **Type of work**

Male staff working at under 18's centre based in a contraception clinic.

Male volunteers involved in Droitwich Time4U centre

Drop in Time4U at a youth club in the evenings

Project with disaffected young men

### **Client profile**

Age group under 25, but mostly 14 –17 years.

Mostly white, but specific projects done with young Asian men and training of Asian youth workers in sexual health.

### **Aims and objectives of work**

To provide information and increase young men's knowledge about sexual health

To improve young men's access to services by providing free, confidential, flexible services in a variety of settings.

Involving young people in setting up and delivery of services, wherever possible.

Encouraging male youth workers/ health workers to be involved.

### **Identification of need**

Poor uptake of mainstream services by boys and young men compared with young women – 1% of total clients.

Questionnaires to boys and young men in local community.

### **Funding**

Partnership funding – Youth service, Community Trust, Health Authority and community organisations

### **Key partners**

Youth service, schools, school nurses, community workers, primary care groups, young people, sexual health education, local elected representatives, sexual health directorate, volunteers.

### **Process of development**

Audit of current service provision and uptake by boys and young men.

Evaluation and consultation to identify gaps in services.

### **Young people involvement in the work**

At Droitwich Time4U, young men work as senior staff members and are involved in all aspects of Time 4U and the running of the FUSION shop – a resource centre for young people.

### **Feedback and evaluation**

Feedback gathered from users, senior members, volunteers.

All three pieces of work have been evaluated with client satisfaction questionnaires and monitoring of client numbers.

### **Chosen indicators of success**

Client attendance is the main indicator of success. A research proposal for qualitative evaluation is currently being submitted.

### **Useful lessons to share with others**

Isolating sexual health from other aspects such as alcohol misuse limits the potential of the work. Young men need to access information/ support on other issues so services need to be flexible to meet different needs. New services may take a considerable length of time to see an increase in attendance.

### **Contact name and details**

Kim Tanner,  
Sexual Health Education Unit,  
Britannia Court,  
1, Moor Street,  
Worcester.  
WR1 3DB  
Tel: 01905 681750  
Mobile: 07880 500 245  
Email : [worcshs@aol.com](mailto:worcshs@aol.com)

# THE DROP IN PROJECT - NORTHUMBERLAND

## **Type of work**

'The Pop Inn' – A teenage drop in clinic which is mainly accessed by boys and young men.

## **Client profile**

Young men aged 13 – 19 years living in rural areas. 99% white

## **Aims and objectives**

A multi-disciplinary approach to empower boys and young men to be responsible for their own health, in particular sexual health and access to a non-clinical, friendly drop in service

To educate about sexual health e.g.: contraception, STI's, testicular awareness.  
To provide condoms together with demonstrations and advice.

To provide a listening ear and to reduce teenage pregnancies and STI's

## **Identification of need**

A questionnaire issued at school demonstrated young men had little knowledge of the local family planning clinics and would prefer a confidential anonymous drop in service near school at lunchtimes.

## **Funding**

By the Northumbria Healthcare NHS Trust – 'The Young Persons Project'

## **Key partners**

School Nurse, Sexual Health Doctor, Youth Worker, GP, Male Health Visitor.

## **Process of development**

Questionnaire issued to the High School population.

Focus groups at youth clubs.

Meetings with interested professionals to discuss and plan location and type of services to be offered.

### **Young people involvement in the work**

Ongoing informal evaluation as well as yearly formal evaluation.

Peer education e.g.: condom demonstrations .

Running of snack bar.

### **Feedback and evaluation**

Feedback from the boys and young men accessing the service and the school population as a whole.

Questionnaire evaluation has been undertaken by the Young Person's Project..

Client numbers.

### **Indicators of success**

Lower teenage pregnancies and STI's

Attendance figures of young men accessing the service.

More young men accessing their GP having been given more confidence.

### **Useful lessons to share with others**

The recent addition of a male health visitor to the team has helped reduce disruption in the clinic as well as being a designated worker for the boys.

In order to educate about sexual health as well as give practical help and free condoms, more sessions are needed.

### **Contact name and details**

Sandy Smart – School nurse

Bondgate Clinic,

Alnwick,

Northumberland.

NE66 2NL

Tel: 01665 626718

## CONDOM DISTRIBUTION SCHEME - BARNET

### **Type of work**

Condom distribution scheme in youthwork units (clubs, detached and specialist provision).

### **Client profile**

Age group 13 - 25

White, African-Caribbean, Asian.

### **Aims and objectives of the work**

To reduce teenage pregnancy by:

Making condoms easily available to sexually active young people

Improving sex education programmes

Getting condom usage to be seen as “sensible behaviour”

To ensure that:

- young people have easy access to free condoms in young people friendly environments.
- young people have access to trained staff who can give advice/support when they access condoms.
- condoms are available in generic settings to help preserve confidentiality of young people requesting free condoms.

### **Identification of need**

Increasing incidence of HIV/AIDS in previous North West Thames Regional Health Authority (1989).

### **Funding**

Training for staff through Health Promotion and Clare Simpson House

Staff costs from Youth Service

Condoms from Health Promotion.

## **Key partners**

Youth Service, Clare Simpson House (GUM clinic), Health Promotion (AIDS Education Unit).

## **Process of development**

In 1989, the increase of HIV/AIDS was noted in the trends section of the Youth Service annual report to the Education Committee. Councillors asked the Youth Service to develop an appropriate response.

The proposed response was:-

- To train all face-to-face youthworkers to be able to deliver sexual health education programmes
- To train staff to be able to demonstrate how to use a condom
- For youthworkers to distribute condoms to young people who were, or were about to be, sexually active, and who would not tell their parents, and who the worker believed would have unprotected intercourse unless condoms were given to them.

The proposal was for two youth clubs to pilot the scheme. This included informing all parents in advance and completing record sheets for every condom distributed.

This proposal was taken back to the education committee. It was very controversial and engendered extensive debate. The final outcome was committee approval of the scheme.

Staff training took place.

A press conference was held and was well attended by local and London wide press. It was reported well. It was also featured on a London radio programme. Letters were sent to the parents of all members of the 2 clubs to inform them of the scheme and the reason for it.

There were no negative responses from parents. Indeed, a large number of parents contacted the service to thank them for providing such a necessary service.

There were some letters in the local press, mainly from one person, who disagreed with the scheme.

The evaluation proved very positive and the scheme was extended to all youthwork in the statutory sector. It is still in place. It is mandatory for all new face-to-face workers in youth clubs to undertake the sexual health training so they can implement the scheme.

## **Young people involvement in the project**

Feedback from boys and young men using the service informed further development.

### **Feedback and evaluation**

Feedback from young people, parents, staff and other services/agencies, plus evaluation.

### **Chosen indicators of success**

Young people use the provision.

Young people come back regularly and discuss their sexual health needs.

Young people who have left the youth club still use it to access condoms.

Young people talk to staff about their behaviour, which shows that they are having safe sex.

### **Useful lessons to share with others**

It is worth being “upfront” from the beginning and getting official sanctions for the scheme.

It helps to involve the likely opposition and ensure they know the issues and reasoning for the programme in advance.

Training for staff as they join the service is essential.

The worry about negative responses to the programme is worse than the reality. This scheme has now become part of the mainstream service provision. It is no longer seen as controversial.

### **Contact name and details**

Kim Tighe  
Head of Barnet Leisure & Youth Service  
The Old Town Hall  
Friern Barnet Lane  
London N11 3DL  
020 8359 3305

## MALE ONLY 'SPACEMAN' CLINIC - DERBY

### **Type of work**

'SPACEMAN' – male only clinic

Community based services and publicity campaigns on sexual health for boys and young men.

### **Profile of client group**

Age group 12-25.

Students from school, FE colleges and city based training providers.

Socially excluded young men: asylum seekers, homeless young men, care leavers, young men from black and minority ethnic communities.

### **Aims and objectives of the work**

To encourage young men to address their masculinity and sexuality.

To encourage young men to take responsibility for using condoms.

To set up local, community based services and publicity campaigns.

To set up a male only sexual health service – 'SPACEMAN'.

### **Identification of need**

Assessment of service provision in the city.

Comparison of male v female client numbers.

Consulting young men on the type of service they would like.

### **Funding**

Teenage Pregnancy Local Implementation Funding.

Youth service: line management and capital costs.

## **Key partners**

Youth service with:

health (funding);

schools (access to boys and young men and support of school nurses);

voluntary organisations (YMCA/Derby Changes)

FE Colleges (through student union)

Training providers (mainly vocational based).

## **Process of development**

Consultation with young men to identify need.

Development of service plans.

Discussion with potential partner organisations.

Set up programme/project.

Focussed outreach work to inform young men of new provision.

## **Young people involvement in the work**

Consultation on service development.

Feedback from young men requested after each session.

## **Feedback and Evaluation**

Each session recorded and incorporated into bi-monthly updates.

Feedback given at each meeting of teenage pregnancy strategy group.

Young men asked for feedback after each session.

Partner organisation given regular opportunities to comment on efficacy of service.

**Chosen indicators of success**

Requests from organisations for further work.

Relationships built with socially excluded, hard to reach groups.

Young men accessing community based programmes.

Numbers accessing 'SPACEMAN' project.

Requests from other agencies for information about the work.

**Useful lessons to share with others**

Ensure the work is relevant to local boys and young men.

Be prepared to accept a whole culture change to make services and advice accessible to young men.

**Contact name and details**

Diane Marriott  
Derby City Youth Service  
Youth House  
Mill Street  
Derby DE1 1DY  
Tel. 01332 206027  
Fax. 01332 345760  
e-mail: [norman@youthhouse.freemove.co.uk](mailto:norman@youthhouse.freemove.co.uk)

# SRE/PSHE AND SEXUAL HEALTH INFORMATION FOR BOYS AND YOUNG MEN IN AND LEAVING CARE AND YOUNG MEN IN SECURE YOUNG OFFENDERS INSTITUTION – NORTH DERBYSHIRE

## **Type of work**

Small group work on sex and relationship education (SRE), PSHE and sexual health information, for boys and young men in and leaving care and young men in a Secure Young Offenders Institution.

Delivered by Young People's Outreach and Liaison Nurse.

## **Profile of client group**

Age group 14-18. Predominately white with some young men from black British and African-Caribbean communities.

## **Aims and objectives of the work**

To give young men in the care system and Secure Young Offenders Institution equal access to SRE, PSHE and sexual health information.

To enable negative attitudes and sexual stereotypes to be challenged and sexual health issues explored.

To deliver a programme of SRE, PSHE and sexual health information to boys and young men in and leaving care and to young men in the YOI.

## **Identification of need**

Need identified by leaving care managers and Secure YOI who requested sessions from the Young People's Outreach and Liaison Nurse.

## **Funding**

The Outreach and Liaison Nurse post is funded from within the contraception and sexual health service budget. A bid has been submitted to the health authority to fund further development of the work in both settings. This would include the provision of a comprehensive sexual health service in addition to the SRE/PSHE programme.

### **Key partners**

The Contraception and Sexual Health Service (North Derbyshire Community NHS Trust)

Derbyshire County Council Social Services.

Youth Service.

North Derbyshire Health.

### **Process of development**

Direct liaison between the Outreach and Liaison Nurse and the care managers and YOI.

### **Young people involvement in the work**

Consultation with boys and young men for needs analysis and feedback for evaluation.

### **Feedback and Evaluation**

Feedback gathered from boys and young men, care workers and managers and the Outreach and Liaison Nurse.

No formal evaluation.

### **Chosen indicators of success**

The complex problems of the boys and young men make it difficult to choose clear indicators of success, but a set of indicators is currently being developed. At present the main indicator of success is the degree of interest and involvement of the boys and young men in the sessions provided.

### **Useful lessons to share with others**

Nurses involved in this work require both managerial support and access to clinical supervision as the work is tough and demanding. Staff training is vital.

### **Contact name and details**

Jo Hunter  
Lead Professional – Contraception and Sexual Health Nursing  
Saltergate Health Centre  
Saltergate  
Chesterfield  
S40 1SX  
Tel: 01246 233191

# C-CARD CONDOM DISTRIBUTION SCHEME – NEWCASTLE UPON TYNE

## **Type of work**

The C-Card Scheme gives young people easy access to free condoms from trained workers in a range of contraception and sexual health, youth and community settings and young people's services. People register for their C-Card giving a set of initials, their date of birth and the first part of their postcode and do not have to give their full name and address.

## **Profile of client group**

Young people under 25. The scheme was established to target young people who are socially and economically disadvantaged. Over half of the 1500 young people registered are boys and young men.

## **Aims and Objectives**

To provide young people with access to free condoms through the establishment of a targeted, co-ordinated condom distribution network across Newcastle, thereby increasing the availability and use of condoms as well as raising young people's awareness of safer sex, STI's, unplanned pregnancy.

The key principles of the C-Card Scheme are as follows

- Services will be accessible, non-judgmental and welcoming, valuing and respecting the diversity of the potential client group.
- Services will be sensitive to the needs of all service users irrespective of race, class, gender, sexuality, disability or age.
- Staff working within the C-Card Scheme will ensure that the confidentiality of all service users is respected and ensure that service users right to privacy is respected.
- Service users will be offered a selection of condoms and be encouraged to choose themselves.
- The C-Card Scheme will be responsive to the changing needs of the service users and keep up to date with relevant new developments.
- Service users will be made aware of their right to complain using existing procedures or those developed as part of the C-Card Scheme.

### **Identification of need**

Low uptake of services by boys and young men

Consultation with boys and young men prior to the launch of the scheme through focus groups and feedback from youth workers

### **Funding**

HIV Prevention Budget.

Teenage Pregnancy Local Implementation Fund.

### **Key Partners**

Health Promotion Department.

Contraception and Sexual Health Service Providers from two local Health Trusts.

Youth Service from two Local Authorities.

Voluntary Sector Projects.

### **Process of Development**

The early consultation process with young people particularly sought the views of young people who do not access mainstream primary health care or sexual health services. A multi-agency steering group was formed and there were extensive discussions and negotiations with partner agencies. All staff were trained prior to the launch of the scheme on World Aids Day December 1999. This 12 month pilot has proved very popular with young people in Newcastle and the scheme has recently been extended in to North Tyneside.

### **Young People's involvement**

A series of focus groups with young people who were homeless, young women who had experience of the care system, young gay men and young people excluded from school influenced the criteria used to select outlets, as well as the design and content of the publicity. A revised How to Use a Condom leaflet was produced with their input. Young people using C-Cards are asked to complete a questionnaire on their return visits. This ongoing feedback from young people accessing the service and returning for repeat supplies of condoms continues to influence the planning and development of the scheme.

## **Feedback and evaluation**

Questionnaires completed by young people.

Staff Feedback.

Quarterly reviews involving representatives from all outlets to highlight practice issues and training needs.

Monitoring all registrations by age, gender, postcode.

Annual Review to reflect on development of scheme.

## **Chosen indicators of success**

Numbers of young people registering with scheme.

Numbers of young people returning.

Feedback from young people and staff involved.

Numbers of condoms distributed.

Numbers of staff trained.

## **Useful lessons to share with others**

- All staff involved were asked to attend a half day training session on the practicalities of the C-Card Scheme, sexual health promotion, emergency contraception, how and why to target condom distribution, demonstrating condom use, confidentiality, child protection, and equal opportunities as a way of ensuring minimum standards in all participating outlets
- The need for a rolling programme of staff training was identified as the scheme developed and which took in to account staff turnover. During the pilot, additional training sessions were held on sexual health promotion with young people under 13 and meeting the needs of boys and young men
- A full range of condoms and lube including small, large, extrastrong, flavoured, coloured and standard had be budgeted for. 12,000 condoms have been distributed throughout the 12 month pilot in Newcastle
- Condoms offered an excuse for boys and young men to walk through the door of services. Once they access services, there are opportunities to offer targeted work on sex and relationships, mental health, self-esteem, masculinity etc

- Partly as a result of the success of the scheme separate targeted sexual health sessions have been developed for boys and young men and girls and young women under 18 on Saturdays in the city centre
- Careful targeting of publicity and advertising increased uptake of services amongst young people the service most wanted to reach
- Particular efforts need to be made to ensure some of the most marginalised homeless young people have access to free condoms given the practical difficulties of them registering for and carrying C-Cards
- In our area, one city centre based young peoples' service registered a huge proportion of young people with C-Cards. Care needs to be taken not to overload services where young people chose to go
- Primary Health Care Staff initially keen to pilot the scheme identified a number of practical difficulties. Flexibility over the operation of the C-Card Scheme allowed it to be piloted in general practice with some success
- We did not enforce a lower age limit for C-Card registrations. Workers exercised their discretion in working with young people under 13 wanting to register for C-Cards
- Before the C-Card Scheme was launched there was some concern expressed (by young people themselves) that C-Cards would be used to obtain large quantities of condoms from a range of outlets. Each C-Card is numbered so the monitoring system allows this to be picked up should it happen. It has not been the problem anticipated and young people continue to use the scheme appropriately

A report on the development of the C-Card scheme (1999) is available on request.

A report on the first 12 months of the C-Card Scheme in Newcastle is being produced and will be available on request.

### **Contact name and details**

Leonie Walker  
 Primary Health Care Facilitator  
 (HIV, Sexual Health, Drugs)  
 Newcastle and North Tyneside Health Promotion Department  
 Park View House  
 Front Street, Benton  
 Newcastle-u-Tyne  
 NE7 7TZ  
 Tel 0191 220 5720  
 Email [leonie@ntynehealthprom.demon.co.uk](mailto:leonie@ntynehealthprom.demon.co.uk)

## 5. BACKGROUND READING AND RESOURCES FOR WORKING WITH BOYS AND YOUNG MEN

Connell, B., (1995) **Masculinities**. Polity, Cambridge

Holland, J., Ramazanoglu, C., Scott, S., Thomson, R.,(1994) **Becoming a 'real' man: The social construction of masculine sexuality**, in Doyal, L., Naidoo, J., and Wilton, T., (eds.) *AIDS: setting a feminist agenda*, London: Falmer

Holland, J., Ramazanoglu, C., Scott, S., Thomson, R.,(1996) **Reputations: Journeying into gendered power relations**, in Weeks, J., and Holland, J. (eds.) *Sexual cultures: Communities, values and intimacy*, London: Macmillan

Holland, J., Ramazanoglu, C., Scott, S., Thomson, R.,(1998) **The male in the Head: young people, heterosexuality and power**. London: the Tufnell Press.

Forrest, S. (2000). **'Big and Tough': boys learning about sexuality and manhood, in Sexual and Relationships Therapy**. Volume 15 Number 2, August 2000. Special Issue: Young People, Sexuality and Relationships.

Lole, A. **Some ideas to bear in mind for sex education for emotionally disturbed and sexually abused children**. *Therapeutic care and education*, vol. 2, no 3, pp427-430

Coleman, J. **Key Data on Adolescence**. Trust for the Study of the Adolescence.

### Resource and activity packs for working with young men.

Blake, S. & Laxton, J. **STRIDES; a practical guide to sex and relationships education with young men**. *Fpa* 1998. A resource which provides a background to why working with young men is important and some of the key issues to consider. There are over 25 participatory activities for use in youth and community settings and schools.

**Man's World B-Team** A game which helps explore and consider boys and men's issues. Designed for work with young men over the age of 14 in all settings.

**Lenderyou, G. & Ray, C. Let's Hear it for the Boys: Supporting sex and relationships education for boys and young men** *Sex Education Forum, National Children's Bureau* 1997. How can we ensure that sex education really takes into account the needs of boys and young men? This pack provides clear and accessible advice for those wishing to develop a gender perspective to their work in schools, health and youth and community settings.

**Forum Factsheet 11, Supporting the needs of boys and young men in sex and relationship education.** *Sex Education Forum.* This is a short accessible factsheet that addresses the key issues when working with boys and young men.

**Welcome to the wonderful world of Billy Ballgreedy,** fpa 2000.

A video and resource pack for working with boys and young men. Produced in Northern Ireland.

Forrest, S. Biddle, G. Clift, S. **Teaching About Homosexuality in Secondary Schools** *Avert* 1997

A comprehensive resource that includes young peoples experience of bullying in homophobic and heterosexist situations. Offers a range of strategies for talking about homosexuality for parents, governors, staff and students.

**Sex, Lies and Hearsay** *Mancunian Community Health NHS Trust*

A video package for use with young people aged 11-13 of a play performed in schools and youth clubs by 5 young men. Explores sexual health issues from a male perspective.

Davidson, N. **Boys Will Be ...?** *Working With Men* 1997 Practical guidance for those providing sex education for young men. Looks at how men learn to be sexual, and the essential components of a sex education agenda, including planning and getting support; and describes 7 sessions with young men participating in a youth training scheme. It highlights important issues and potential problems. Includes comprehensive resource list.

Lloyd, T. & Price, M. **The Relationships Game.** *Working with Men* 1997.

This game and accompanying pack will help young people develop their skills in negotiating roles and responsibilities and increase their knowledge about gender changes in domestic and working life.

**The Fatherhood Game.** *Working with Men* 1997

This game will help young men develop their views and attitudes about the role of fathers, increase their knowledge of the needs of children, reflect on gender roles and consider their own experience of being fathered.

**Asian Young Men and Masculinity** *Lancashire Youth and Community Service*

1998. A set of four posters developed by the Lancashire Youth and Community Service on the theme of masculinity with a group of Asian young men aged 16-25

**Safe** *Working With Men* A video for 15-19 year olds in youth settings. It explores the relationships between 3 young black men who live together in the house of one of their parents. Raises issues of taking responsibility, keeping up a front and the damage and confusion this can cause, interaction of masculinity and race, and risk taking.

## Resources for working with young men with learning difficulties

### **Breaking in, Breaking Out. Social and Sex Education for men with Learning Difficulties.** *Working With Men*

Addresses the experiences of maleness for men with learning difficulties.

### **Jason's Private World**

An animation video that covers puberty, masturbation and relationships for young men with learning disabilities.

## Other useful resources

### **The Grapevine Game** *National Youth Agency*

This board game offers young people an opportunity to separate fact from misinformation and explore their own and others' beliefs and opinions about all aspects of sexuality, sexual health, and personal relationships

### **Taught Not Caught: Strategies for Sex Education** *LDA*

A range of practical teaching strategies for those involved in teaching young people about sexual decision making and relationships.

## Leaflets

### *fpa*

#### **Is Everybody Doing It? Your Guide to Contraception**

An illustrated 16 page guide to contraception and safer sex for young people aged 13-17. Includes sections on confidentiality and peer pressure. Meets curriculum guidance for key stages 3 & 4. Research by the National Adolescent and Student Health Unit found this to be adolescents' most popular contraceptive leaflet.

#### **4 Boys: A Below-the-Belt Guide to the Male Body**

Full colour, highly illustrated 16 page booklet for young men aged 13-16. Gives reassuring and factual answers to questions about physical changes and sexual development. Meets curriculum guidance for key stages 3 & 4.

### *Brook*

#### **Wise Up! A guide to sex advice services for young people**

A set of three leaflets for young people to give information about clinics and encourage appropriate use. One of these leaflets is specifically for young men

## Sex Education Forum

**Forum Factsheets.** A range of factsheets from the Sex Education Forum that are useful handouts for participants. Discounts are available for bulk orders.

Factsheets cover a range of issues, including Sex Education for Boys; Sex Education for girls; Using Active Learning Methods; Positive Guidance on Sex Education; Partnership with Parents.

## Useful Organisations

### **Brook**

421 Highgate Studios,  
53-57 Highgate Road,  
London NW5 1TL.  
Tel: 020 7284 6040

Provide resources for young people  
and professionals

### **fpa**

2-12 Pentonville Road,  
London  
N1 9FP.  
Tel: 020 7837 5432.

Provides training, consultancy and  
resources for professionals, as well as  
leaflets for young people.

### **Health Development Agency**

Trevelyan House,  
30 Great Peter Street,  
London  
SW1P 2HW.  
Tel: 020 7413 1865

### **Relate (Relationship Education and Training Dept.)**

National Education Officer,  
Herbert Gray College,  
Little Church Street,  
Rugby  
CV21 3AP.  
Tel: 01788 563861.

Provides training for professionals  
in SRE.

### **Sex Education Forum**

8 Wakley Street,  
London,  
EC1V 7QE  
Tel. 020 7843 6052  
[www.ncb.org.uk/sexed.htm](http://www.ncb.org.uk/sexed.htm)

Provide publications and resources, as  
well as an information helpline for  
professionals.

### **Sheffield Centre for HIV and Sexual Health**

22 Collegiate Crescent,  
Sheffield,  
S10 2BA.  
Tel: 0114 226 1900.

Publications, training and consultancy.

### **Working With Men**

320 Commercial Way,  
London  
SE15 1QN  
Tel: 020 7732 9409

Provide resources and training for  
working with boys and young men.

This guidance was issued by the Teenage Pregnancy Unit in 2001. The Unit co-ordinates the implementation of the Government's Teenage Pregnancy Strategy in England. It is based in the Department of Health and is funded by a number of Government departments.

Further copies of the guidance are available from the Teenage Pregnancy Unit, Wellington House, 133-155 Waterloo Road, London SE1 8UG or by visiting the units website at [www.teenagepregnancyunit.gov.uk](http://www.teenagepregnancyunit.gov.uk)



