

# Share The Information



**We want to know what YOU think about  
sexual health education.**



# Share The Information

An Insight Report

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Cover picture: Promotional flyer for project used to share different ways to be involved.

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# Introduction

## About Healthwatch East Riding of Yorkshire

Healthwatch East Riding of Yorkshire (HWERY) provides an independent voice for the local residents. We listen to peoples lived experiences of health and social care services and report these experiences back to service providers. As well as seeking the publics' views ourselves, we also encourage services to involve people in decisions which affect them. Our sole purpose is to help make care better for people.



### Our vision

Equitable Health and Care services that meet the needs of every person within our community.



### Our mission

To give every person in East Riding of Yorkshire the opportunity to have their voices heard and empower them to play an active role in shaping services in their community.



### Our values are:

- We are proud to be **independent**, and not afraid to speak up and **challenge decisions** that do not meet the needs of our communities.
- We operate a culture of **transparency** and **openness**, ensuring we are accountable to the communities in which we serve.
- Our work is **evidence** based – led by **public voice** and need.
- We are **collaborative**, working with organisations that share our vision of **equitable health and care services** that meet the need of every person within our communities.
- **Partnering** with the Government, health and care services and the voluntary and community sector to make care better whilst retaining our independence.

# About this project

## Why this topic?

Our team host 'hub sites' across the East Riding. Our Healthwatch hubs are a useful way to engage with young people in a familiar setting. Through our hubs we can find out what really matters to young people. During May to June 2024 young people were asked to pick the next topic that they wanted our team to focus on. They picked sexual health education across all three hub sites. From listening to young people, it became clear that there were inconsistencies in the experiences of sexual health education.

In some of the early conversations with our team, there was frequent use of the words 'OK' and 'scary' used by students to describe these experiences.

## Sex Education

### About Relationships and Sex Education (RSE) in the UK

RSE, often referred to as RSHE (Relationships and Sexual Health Education) has statutory guidance. The aim of this guidance is to ensure that every young person has a firm understanding of relationships and sexual health by the time they leave secondary education, enabling them to make informed decisions so they may live safe and healthy lives.

The guidance from the government falls into several categories.

- Families
- Respectful relationships, including friendships
- Online and media
- Being safe
- Intimate and sexual relationships, including sexual health
- The law

Each category covers a brief overview of what young people are expected to be taught. For sexual health education, young people are expected to learn and understand:

- how to recognise the characteristics and positive aspects of healthy one-to-one intimate relationships, which include mutual respect,

consent, loyalty, trust, shared interests and outlook, sex and friendship

- that all aspects of health can be affected by choices they make in sex and relationships, positively or negatively. For example, physical, emotional, mental, sexual and reproductive health and wellbeing
- the facts about reproductive health, including fertility and the potential impact of lifestyle on fertility for men and women and menopause
- that there are a range of strategies for identifying and managing sexual pressure, including understanding peer pressure, resisting pressure and not pressurising others
- that they have a choice to delay sex or to enjoy intimacy without sex
- the facts about the full range of contraceptive choices, efficacy and options available
- the facts around pregnancy including miscarriage
- that there are choices in relation to pregnancy (with medically and legally accurate, impartial information on all options, including keeping the baby, adoption, abortion and where to get further help)
- how the different sexually transmitted infections (STIs), including HIV and AIDs, are transmitted, how risk can be reduced through safer sex (including through condom use) and the importance of and facts about testing
- about the prevalence of some STIs, the impact they can have on those who contract them and key facts about treatment
- how the use of alcohol and drugs can lead to risky sexual behaviour
- how to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment

(Information source: [Relationships and Sex Education \(RSE\) \(Secondary\) - GOV.UK](#))

It is worth noting, government guidance refers to 'pupils' rather than young people which may not apply to those who do not attend traditional education such as Electively Home Educated (EHE).

## **About Public Health**

'The World Health Organisation (WHO) defines Public Health as 'the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society.'

Each Local Authority (LA) in England, such as the East Riding of Yorkshire (ERYC) has a statutory (legal) duty to commission (fund and agree contract terms) health and social care services which will improve Public Health as defined by WHO. You can find more information about the responsibilities of the LA at [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

ERYC has a Public Health department which carries out this work, with one area of focus being sexual health and welfare advice.

## **About CHCP**

City Health Care Partnership (CHCP) provides NHS community health and care services. Their sexual health service is known as Conifer. They offer variety of themed services such as:

- Clinics
- Mobile clinics
- STI testing
- LGBTQ+
- Young People
- Unplanned pregnancy
- Contraception
- Men's health
- Women's health
- HIV

CHCP provide the Sexual Health Outreach Team which supports young people in being more informed and aware of sexual health and related issues, providing advice and contraception, testing for STIs, providing unplanned pregnancy testing and advice and more.

The Sexual Health Outreach Team are commissioned by ERYCs Public Health service to support the education of young people aged 13-19 (typically academic Years 9-13) across the East Riding area.

You can find more information about the services they offer along with how to access them by visiting their website at [Sexual and reproductive health services – Conifer Sex Health](#)

### **Aims of the project**

We wanted to find out if young people were receiving messages and advice around sexual health in the same way, and whether there were any gaps in this provision.

This feedback will help the Public Health team at East Riding Council as they review how well the sexual health outreach service is working. Young people's views will be used to help shape and improve the service

**'The project Healthwatch is doing is incredibly timely. Its about getting those prevention services right for young people in the area. I'm so thankful for students choosing this as the project topic. It's great to know that they are passionate about the sexual health education and services they receive. I'm really encouraged by the young people of the East Riding wanting to know more and wanting to be part of helping the services improve.'** – Paul Storey, Public Health, sexual health and welfare advice lead East Riding Council



## Methodology

Our team generated a variety of surveys to capture the voice of the general student population across the East Riding of Yorkshire, the education setting staff and families. Surveys were made available online for a 3-month period to provide ample opportunity for participation, with a disclaimer that paper versions could be sent out to anyone who would prefer an alternative format. The general student survey was aimed to take 5-10 minutes to complete. Question responses varied from multiple choice, short answers and large text boxes.

Surveys for education setting staff and families were also made available online, with an option to request a paper copy. These surveys were kept short and each had 9 questions, some of which were multiple choice.

For all of the above, flyers were created which were circulated on social media, distributed at the Head Teachers Board

Every secondary school, college and sixth form were contacted twice via email and our team promoted the project at hub sites held at Bishop Burton College, Hornsea Sixth Form and Longcroft Sixth Form. Additionally, a network of organisations that HWERY work alongside promoted the project and surveys along with contact information for the lead project officer to ensure maximum coverage. The project was shared at the East Riding Youth Council with the Executive Director of Children, Families and Schools who offered to share this with their corporate communications team to promote to a wider audience. We also connected with Welfare Officers at the Local Authority who typically engage with schools.

**Share The Information**

Tell us your thoughts!

We want to know what YOU think about sexual health education.

Complete our survey for students to help us learn!

SCAN ME

If you require a paper copy, please let us know using the contact information below

We need YOUR help with our new project!

For more information contact:  
Sara Tomlinson (sara@hw)  
01482 835222  
sara.tomlinson@healthwatcheastridingyorkshire.co.uk

healthwatch  
East Riding of Yorkshire

**Share The Information**

About our sexual health education project

Student information

Why this topic?  
Students across our 'hub' sites chose sexual health education as the focus of our new team project.

Who?  
We would like young people who live in the East Riding of Yorkshire aged 11-18 to tell us their experiences and views. Our team has worked with young people to make sure we are asking the right questions.

How?  
We aim to hear from students via our online survey, or paper copies can be sent out. With students, schools, sixth forms and colleges permission, we would like to select several students to take part in a case study asking a few extra questions.

What happens with the information?  
Everyone taking part will remain anonymous meaning no one will know that answers from your survey are from you. From all the information we receive, we'll create a report showing themes. If you would like a copy of the report when the project is complete, let us know by using the contact information below or looking in the reports section of our website.

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**Share The Information**

Tell us your thoughts!

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Complete our survey for education staff to help us learn!

SCAN ME

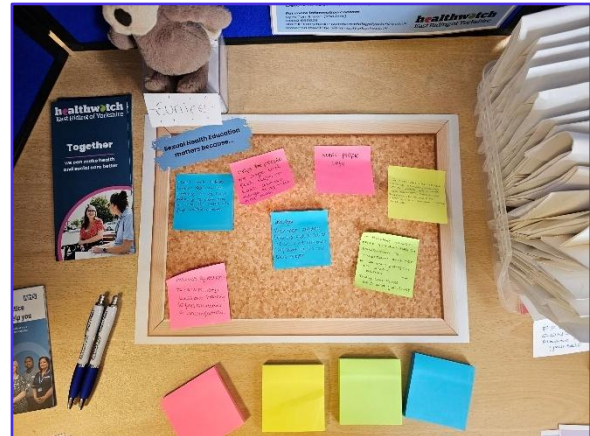
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healthwatch  
East Riding of Yorkshire

We provided a tabletop question at hubs asking students to complete the sentence, 'Sexual health education is important because...'. Sticky notes were used to continue the sentence. Responses were as follows:



- It keeps people safe.
  - It teaches the youth about sexual health in a good way and not to worry about the subject, so they can openly talk about sexual health.
  - Allows questions to be answered without having to feel awkward or uncomfortable.
  - Have more confidence talking about sexual health and also being aware of the risks that may happen.
  - Helps people be safe and feel safe to talk about things they need help with.
  - It teaches youth that sexual health is important and not a taboo subject to worry about. They can find help and guidance.
  - Sexual health matters because with the increasing use of social media, young people need to know the correct info from credible sources.
  - Don't spread disease.
  - Helps me.
  - You might get AIDS if you're not careful.
  - Protect yourself and others.
  - To educate young people.
  - Help you feel safe, educates in wrong and right and it helps you know the dangers.
  - Helps teach awareness about STIs and protection.
  - Don't catch disease.
  - Your relationship does not need to revolve mainly around sex.
- #Boundaries

- Sexual health education matters because STDs are very dangerous and unaware people may spread them.
- Help people stay protected and safe.
- You don't want STD. Educate young people.
- To not endanger your health and other peoples' health.
- Keep people safe.
- To protect yourself and others.
- To be educated and learn the risks when not protected.
- To prevent teen pregnancy.
- To help people stay protected and safe.
- Don't want to catch HIV.
- Don't have sex.
- It's helpful to get free device.
- To educate young people on the safety measures.
- To teach yourself how to protect your body.
- Wear a medieval armour when she says bring protection.
- It opens new doors.
- To have a better understanding and have fun.
- Prevention of STIs. Prevention of pregnancy.

## Places and platforms

Hub settings mentioned above not only shared the flyers but took paper copies of surveys for students to complete. All hub settings face difficulty with internet signal. Students could complete them independently or have a member of the team write their responses down. Hub stalls were themed for the project, with 'soft introduction' A3 laminates placed on tables to explain to students about the project, how they can take part and more.



The project was shared online via the teams Facebook page, and in relevant private online places such as home educated groups, parenting groups, community groups. In addition to Facebook, we utilised TikTok as a popular platform for young people. For this, high energy engaging content was created and shared, along with ways local people could take part. Geo-tagging helped ensure that the appropriate demographic was reached by adding the location and using hashtags relating to East Riding of Yorkshire.

To promote to education settings, all secondary schools, colleges and sixth forms in the East Riding were emailed about the project, asking for support. We shared the aims of the project, providing digital flyers and infographics, with a further offer to attend and promote in person, or post out paper copies if requested. Halfway through the data gathering schedule of the project, our team called the settings to ask for a direct contact email for particular courses, PSHE lead and/or head of certain year groups. This was based on information provided by CHCP of the settings they had attended, when they had attended and which year groups or classes they specifically spoke to. Some direct contact emails were sourced from setting websites, others were provided by main reception staff and some requests were refused. In this circumstance, a general admin email was contacted with a subject heading of 'For Attention Of...' followed by whichever person was the desired member of staff.

We were conscious that the project must take a holistic approach, hearing from all involved to best piece together a full picture.

As part of our approach we felt that it was important to understand the experience of staff who are working in education settings and delivering sexual health education, specifically; their role in sexual health education for students, and whether they felt comfortable and equipped to support students if they were to reach out for information, help and advice on the topic. We also aimed to collect the voice of the families of young people.

Our team felt it was important to include the voice of Public Health who have a statutory duty to commission sexual health outreach, along with the Sexual Health Outreach Team themselves to identify their views, perceived challenges and to celebrate their successes.

As the project progressed, it was evident that clinics the Sexual Health Outreach Team provide which are part of their offer were included. As such,

we ensured there were questions relating to the experience and knowledge of pop-up and drop-in clinics available.

### **Uptake in participation**

From the above-mentioned methods of engagement, we received the following responses.

- **92** completed general student surveys – 8 completed online and 84 completed as paper surveys at face-to-face engagements
- **4** completed staff surveys – 1 completed online and 3 completed as paper surveys at face-to-face engagements.
- **2** completed family surveys – both completed online.
- CHCP Sexual Health Outreach Team contributed data and took part in an hour-long question and answer session.
- Public Health Commissioning Lead for Sexual Health and Welfare Advice took part in a 90-minute interview.
- Multiple in-person conversations at hub sessions and engagements promoting the project with individuals and small groups.

# Findings

## Disclaimer

### Important, please read

All the views, opinions and statements made in this report are those of the young people, families and education setting staff who participated in our surveys and in-person conversations with our team.

Due to this, the perception may not fully reflect the actual quality and experience of the education received relating to sexual health in the East Riding of Yorkshire.

## Student Findings

### Sexual health education delivery experiences

The beginning of the general student survey focused on asking who has delivered sexual health education, how it was delivered, whether they were prepared in advance by their setting, and how comfortable they were with the delivery/topic.

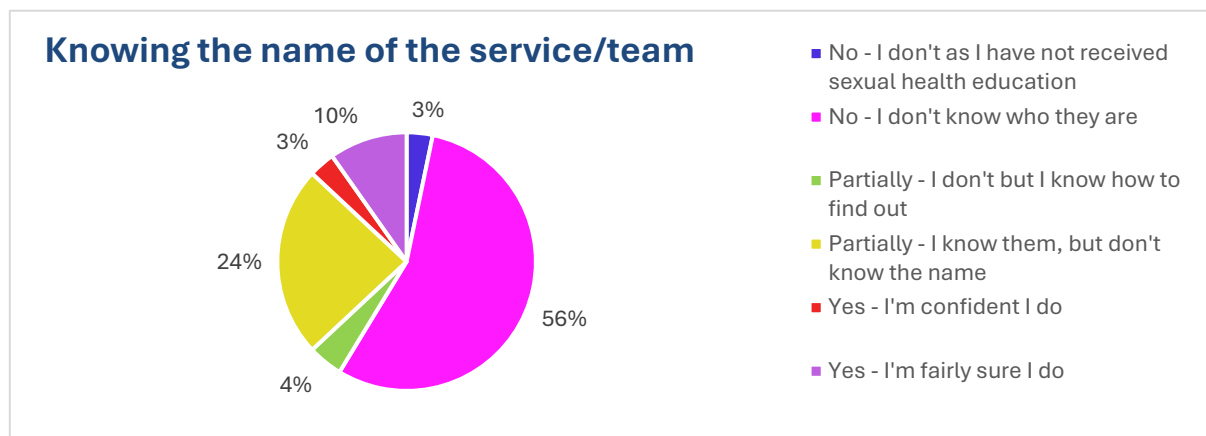
### Who delivered your sexual health education?

This question had multiple options. Students were able to select all which applied to them. Options and results were

- Delivered as a class by someone who works at the school/sixth form/college **(31%)**
- Delivered as a class by someone who DOES NOT work at the school/sixth form/college **(12%)**
- Delivered as a year group by someone who works at the school/sixth form/college **(19%)**
- Delivered as a year group by someone who DOES NOT work at the school/sixth form/college **(35%)**
- Unsure / have not received sexual health education **(3%)**

Most students reported that they received their sexual health education as a whole year group, delivered by someone who does not work at their education setting (CHCP Sexual Health Outreach Team). Sessions delivered by a staff member of the education setting was only 4% fewer.

## Do you know the name of the service/team who visit to provide sexual health education?



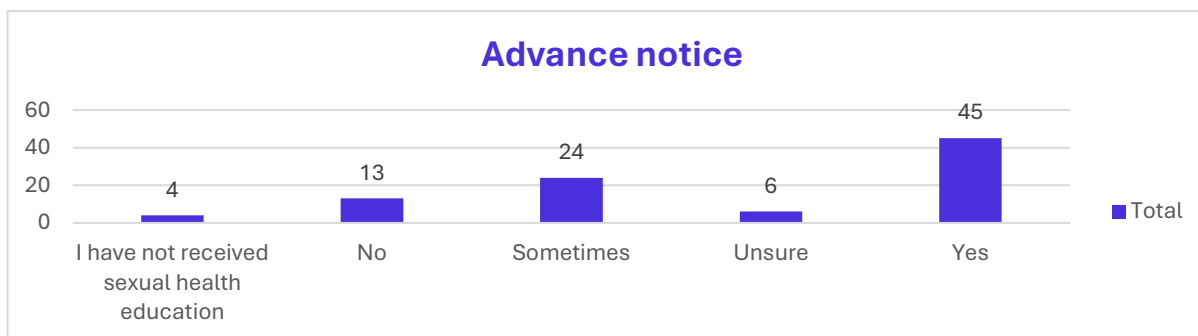
Those who responded that they were 'confident' or 'fairly sure' were asked to share what they believed the service/team's name was. Please note, not all who were eligible to respond chose to. The number of responses for each is provided '( )'.

The Sex Clinic (1)	Healthwatch (1)
Health Care Service (1)	NHS (4)
CHS (1)	East Yorkshire Sexual Health (1)

Some students HWERY spoke to remembered receiving glow in the dark sperm-shaped keyrings from the Outreach Team. CHCP shared that they have merchandise to promote the survey which they reserve for those who have engaged with the service such as taking a test, however small, discreet cards are available which promote the text service which is popular for young people. These cards have been shared with our team to distribute when relevant. CHCP also distribute condoms which are again, discreetly packaged with their team information on a sticker which seals the packaging.

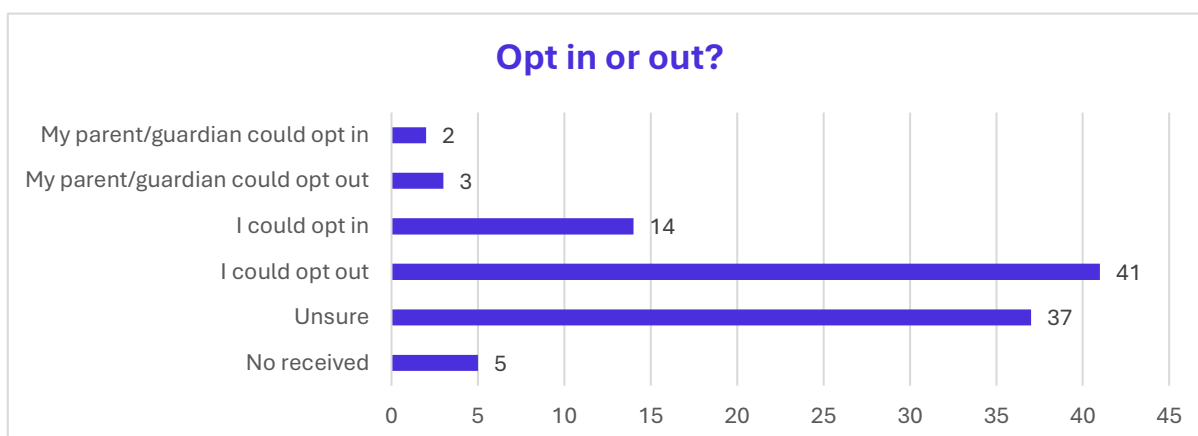
## Were you given advance notice that you would be receiving sexual health education?

Whether delivered by the education setting, or an external provider students told us without notice they felt unprepared to mentally receive the information and think of questions they may wish to ask.



CHCP shared that they find students who have been given reasonable advance notice attend their presentations prepared. This is evident by a greater quality of engagement from young people whether it is behaviour or asking questions about the presentation. **Were you able to 'opt in' or 'opt out' of sexual health education sessions?**

There are various reasons why a student and/or their family may wish to have choice over the sexual health education received. We wanted to know if there was clear communication about students /families' ability to make an informed decision.



Results showed, **40%** shared they could 'opt out', **14%** could 'opt in', **3%** said a parent/guardian could 'opt out' on their behalf, **2%** said their parent/guardian could 'opt in', **5%** said they had not received sexual health education and **36%** were unsure about the possibility of opting in or out.



## What did CHCP say?

CHCP shared that notice and the chance to 'opt in' or 'opt out' advance varies depending on the education setting and staff involved.

**'they'll come with the teacher, get 10 minutes in, and then they leave... There's a disclaimer at the start anyway, if anybody would like to leave or look away' - CHCP staff member**

## What did we observe?

During the session we attended, this was noted at the beginning of the session. Students had no prior notice from the setting, with CHCP staff sharing why they were there, that they could leave if they would prefer and that notice would be given before any visuals were shown with the option to look away.

## How was the sexual health education done, what was covered, what did you learn?

Our team received **153** comments as some students shared multiple insights. These have been grouped into themes and quantified to show their order of popularity.

<b>Method of delivery</b>	<b>Quantity</b>
PowerPoint	8
Pictures	3
Videos	3
<b>Message within delivery</b>	<b>Quantity</b>
STIs	34
Healthy sex lives	22
Contraception	16
Life talk	8
Cause and prevention	7
Consent	7
Relationships	5
Clinics	2
Termination / abortion	1
Information for heterosexuals	1

Contraception is female issue	1
Treatment	1
<b>Tone of delivery</b>	<b>Quantity</b>
Professionally	1
Judgementally	1
<b>Miscellaneous</b>	<b>Quantity</b>
Cannot remember	3
Unsure	2
Everything	1

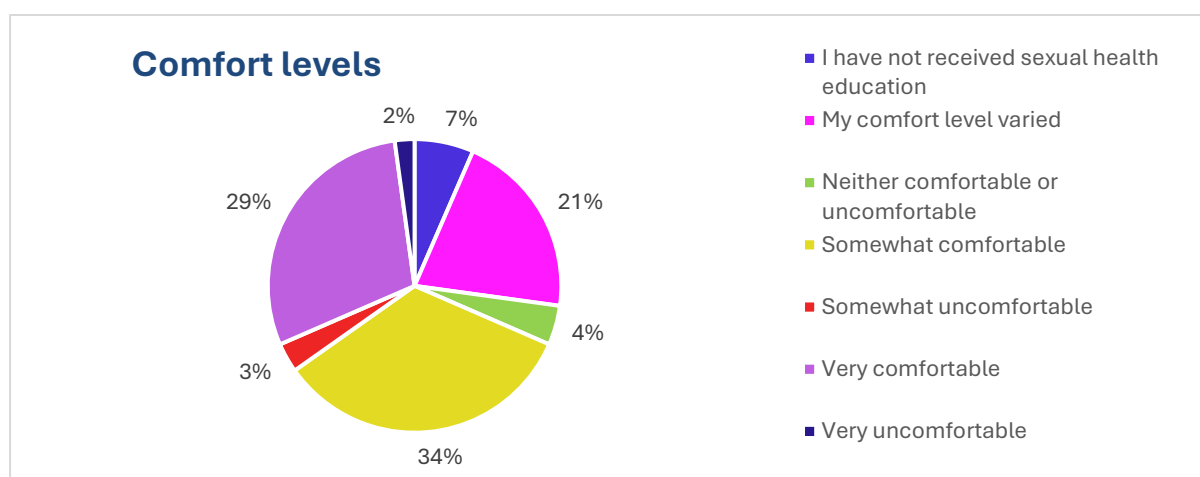
\*26 students did not respond to this question

The **top 3** replies were STIs (Sexually Transmitted Infections) accounting for **22%** of comments, healthy sex lives equalled **14%** and contraception with **10%** of the answers provided.

Young people told us that the main 'take away' they received from sexual health education was information surrounding STIs, healthy sex lives and contraception. Although contraception would fit into healthy sex lives, we felt it was important to differentiate between the two based on the wording of students' responses. This may indicate the difference between RSE taught by education staff compared to information delivered by CHCPs Outreach Team.

### How comfortable are you with the sexual health education you have received?

Of those responding, **31** students said they felt '*somewhat comfortable*', **27** felt '*very comfortable*' and **19** said their '*comfort levels varied*'. Only **5%** of young people had a consistent negative comfort level.



## During education provided by CHCP Sexual Health Outreach Team, was there an opportunity to ask questions?

Most (**74%**) students said there was an opportunity for questions, 'sometimes' accounted for **10%** of answers, **8%** of students were unsure, **2%** said there was no opportunity for questions and **6%** said they had not received sexual health education from the Outreach Team.



## If students were able to ask a question, how was this done?

**61%** of students reported they would need to raise their hand to ask a question.

## What did CHCP say?

CHCP shared that this is the only method of asking questions during their presentations. If students want to ask questions privately, they would need to wait until the end of the session to speak to CHCP staff. This gives a strong indication that alternative methods of asking questions were from sessions delivered by the education setting.

## Sexual health education thoughts and ideas

We asked students a series of questions which explored their thoughts and feelings about their experiences of this topic. In this section, students take on the role of a critical friend identifying strengths and weaknesses, along with sharing their ideas for the future of sexual health education.

## What worked well with the sexual health education you have received?

Their responses were split into themes which were as follows:

Protection / Contraception (4)	Relevant and helpful (23)
Safe sex (2)	Sex (1)
STIs and safe sex (9)	Unsure (7)
PowerPoint (2)	Nurse not a teacher (2)
Normalising (2)	Myth busting (1)
Gender split groups (1)	Explicit pictures (1)
Caution (1)	



Of those who responded, **41%** said the sexual health education they received was relevant and helpful. There was **16%** who found information on STIs to be a positive, and **12%** who valued learning about protection and contraception. There were no responses which highlighted treatment as a positive. This may indicate that there an assumption of 'it will never happen to me'. STI rates in Yorkshire and Humber for those aged under 24 have declined in recent years (2022-2024 data). It is noted that there has also been a decline in screening for chlamydia according to the data from 2024. Information can be found at [Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care](#)

## What areas of sexual health education do you feel did not work well?

Advance notice (1)	Behaviour of other students (1)
Confidentiality (2)	Inconsistent photo warning (1)
Duplication (2)	Large group (1)
Not interactive (1)	No menstrual health covered (2)
No improvements needed (20)	Graphic pictures / Images used (8)
Respect (1)	Shouldn't give condoms away (1)
Take more time (1)	Tone (5)
Unsure (3)	More variety of protection / Shedoms (1)

The most common response accounting for **39%** of answers was that there was 'no improvements needed'. **16%** believe the visual images used were too graphic or unnecessary. In the session we attended, a student was noted as becoming pale, with the Outreach nurse checking on their wellbeing several times during the section when visuals of various STIs were shown. **10%** believed the tone of the delivery had a negative impact.

During discussions with students, tone was raised regularly. Students shared with our team that they felt the person presenting was implying that all young people were careless in their sexual conduct, causing an inconvenience to the service by requiring treatment. A significant number of students said they felt it was not a 'sex positive' presentation, and believed the underlying message was to promote abstinence.

 **I felt like I was being told off  
and not to have sex ever  
or I'd get a disease** 

**Male student at Hornsea Sixth Form, aged 18**

**Do you have any suggestions for changes to the future of sexual health education?**

Confidential methods of asking questions	Avoid graphic pictures / Warn every time
Include what 'normal' is like for early identification	Increased confidentiality to drop-in services afterwards
Advance notice	Encourage conversations
Explain how STI testing is done	Friendlier approach
Get doctors involved	Group discussions
More engaging and interactive	More info on homosexuality LGBTQ+
Clear opportunity to opt out	Videos

The most popular theme was a *friendlier approach* which represented **25%** of the suggestions provided. **15%** recommended avoid graphic pictures and/or provide consistency in warning which offer an opportunity for students to look away from the presentation.

When talking to our team, students largely discussed how they felt about the images shared.



**I hated the pictures. My friend nearly threw up. Like, it's good to know, but at the same time,**

**I don't need to see that**

**Female student at Longcroft Sixth Form, aged 17**



### **How often do you believe students should receive sexual health education?**

This was a multiple-choice question. The options available are below with the percentage of responses for each.

- Half termly (**8%**)
- Termly (**24%**)
- Once a year (**47%**)
- Once in school, one again in post-16 education (**18%**)
- Other (please state your opinion here if other) (**3%**)

Those who selected 'other' all were Year 9 and Year 10 students who suggested delivery twice per year would be appropriate.

### **What did CHCP say?**

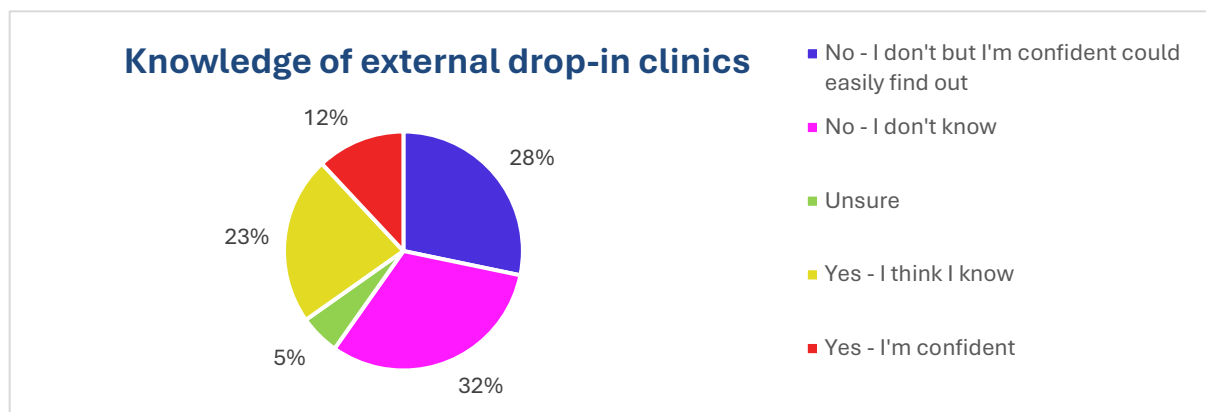
Our team asked CHCP how often they felt students should receive sexual health education. They believe it should be no more than once per year as pop-up clinics take place regularly in settings. They feel any more frequent would lead to students knowing what was going to be delivered and instead, taking the topic less seriously. When asked if what they thought students would suggest, they were unsure but felt it would not be one of the more regular options. CHCP also said that due to the commissioning working over a financial year (April-March) and the academic year being different (September-July) some students may see the presentation twice in one year but there is little that can be done to prevent this.

## Pop-up services

Drop-in clinics offer a space for information, access to contraception, various testing and treatment relating to sexual health. For example, STI testing, and the appropriate clinical treatment if results are positive. They operate across the region on a regular basis. Pop-up clinics are a reduced version which form part of CHCPs offer for young people. They take place regularly at education settings and are sometimes available after a presentation has taken place. Our main focus of this section relates to pop-up clinics, however there are some questions which relate to the drop-in service.

We asked an initial question in relation to external drop-in clinics.

### Are you aware of where your local sexual health drop-in services are?

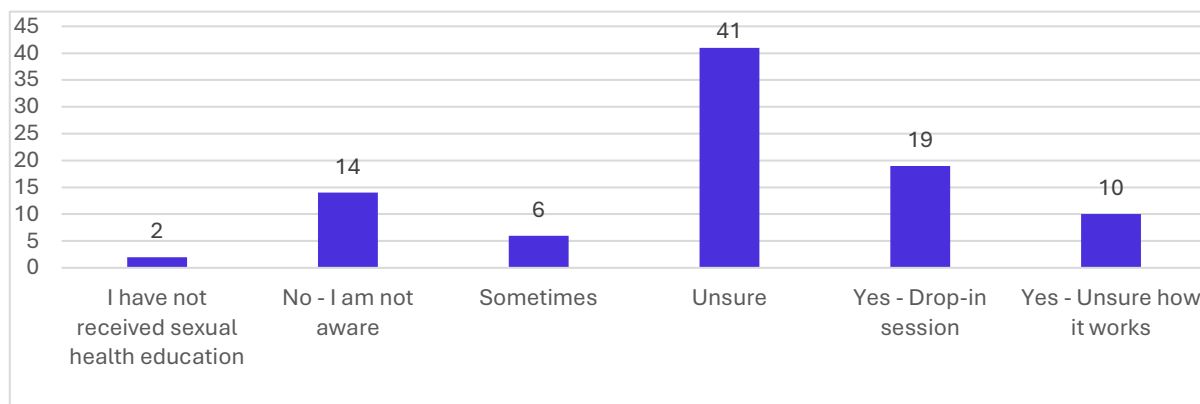


**60%** of students are unaware of where local drop-in clinics are held. This may result in young people going directly to primary care services such as their GP surgery if they do not have sufficient awareness of the clinics. This is a clear indication of a need for greater promotion of the service.

Information on the clinics within the local community can be found at [Clinics - Conifer Sex Health](#) with mobile clinics available at [Mobile Clinics - Conifer Sex Health](#).

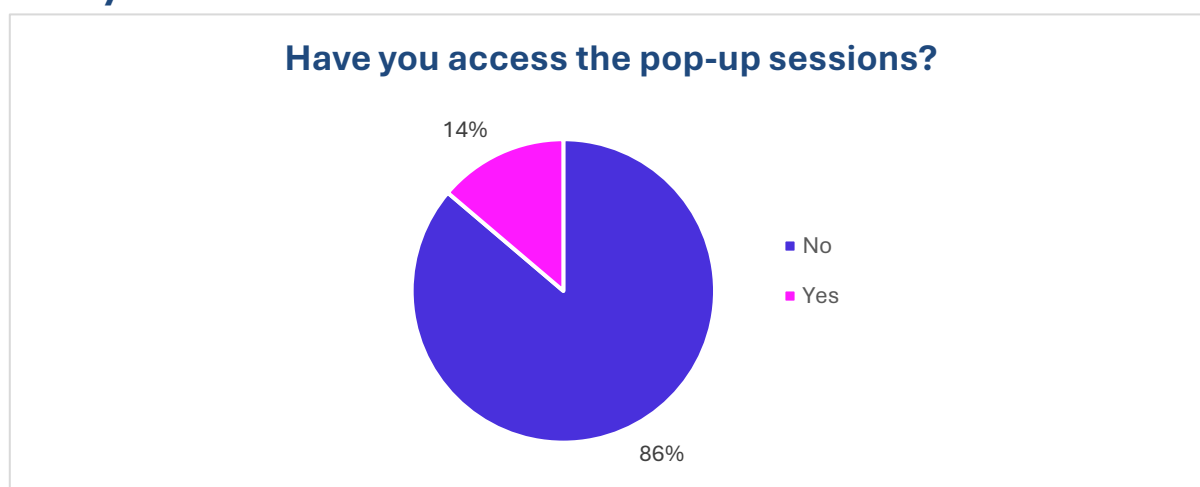
The following questions relate to the pop-up sessions within the education setting.

### Do you know if the Outreach Team offer pop-up clinic?



Of the **35** young people who expressed some level of awareness of drop-in sessions within the previous question, **29** provided an answer to the following question.

### Have you accessed these sessions?



Only a small number of those who took part in the project had accessed the drop-in sessions. This comprised of one heterosexual male, one homosexual male and two heterosexual females.

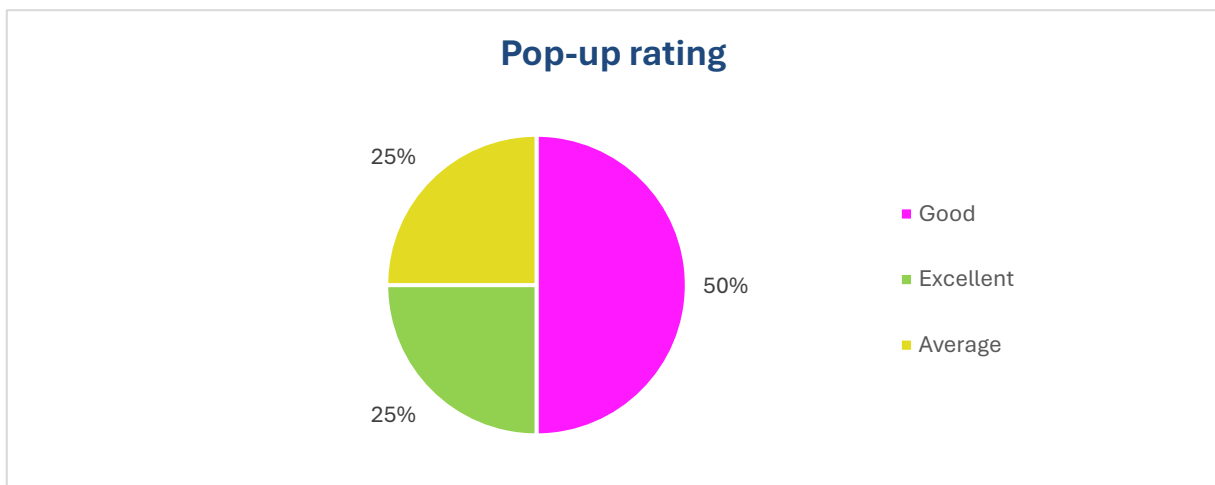


We asked those who have accessed the pop-up sessions...

### How would you rate this?

This was a multiple-choice question with the following options available.

- Excellent (**25%**)
- Good (**50%**)
- Average (**25%**)
- Poor (**0%**)
- Very Poor (**0%**)



Space was provided for people to offer a reason why they chose the rating they did. No students offered an explanation. From conversations we had during hub sessions promoting the project, some students mentioned they found the pop-up sessions to be a helpful experience from the service but found it difficult to access due to education setting restrictions such as creating a space in a high foot-traffic area, or needing to ask a member of staffs' permission to attend. These are barriers imposed on the outreach team and are out of their control.

All students were asked about the pop-up sessions,

### Do you know what services they offer?

**23%** of students believed they did know what services were available to them, **37%** were unsure and **40%** said they did not know.

We asked a final question relating to pop-up sessions and drop-in clinics.

**Can you think of anything that may prevent you from accessing a drop-in sessions and clinics if you wanted/needed to?**

Themes were created from the responses. The numbers in brackets provide clarity of how many times these themes were repeated.

Nothing (23)	Embarrassment (6)
Privacy / location / confidentiality (7)	Parents (2)
Unsure (1)	Uncomfortable (4)
Transport (3)	Unsure of locations /times (3)
Too busy (4)	Not needed (1)
Mixed genders (1)	Being off sick (1)
Bullying (1)	

\*39 left no response to this question

Through conversations with students, our team learned that confidentiality concerns were linked to several barriers: limited transport options for those living in rural areas made it difficult to access drop-in clinics; and young people wanting to access the service without parents’ knowledge. School staff often knew when students were attending pop-up clinics; and the location of these sessions within schools meant other students could see who was entering and leaving the room.



**You don't want everyone knowing  
your business, but everyone is  
guessing your business**



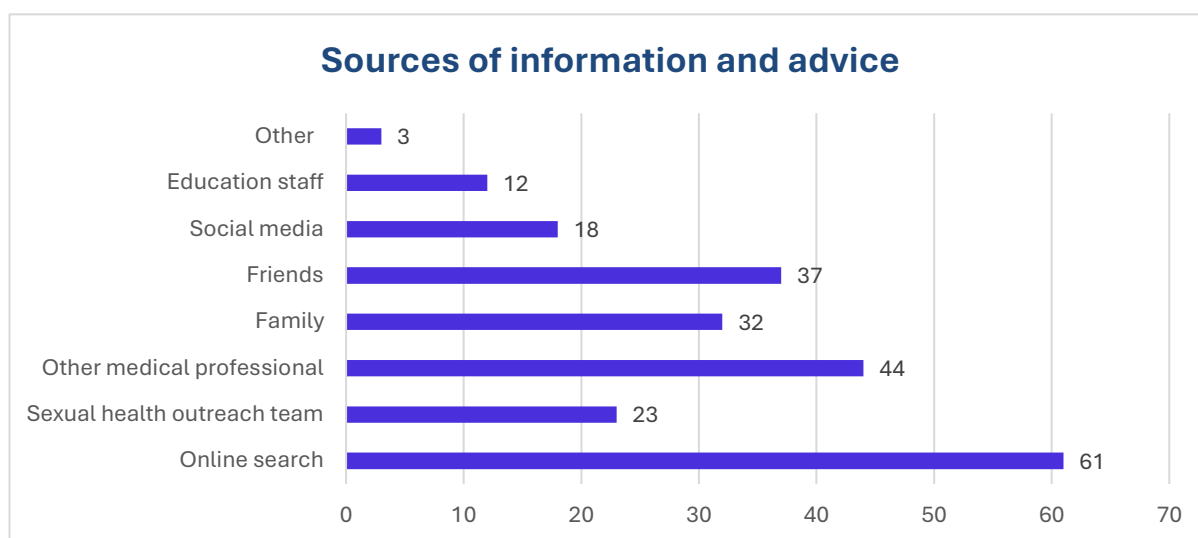
**Female student at Bishop Burton College, aged 17  
reflecting on pop-up clinics at their former school  
setting**

## Sexual health and finding information

Our team wanted to know about how students access information relating to sexual health.

We asked students...

### Where would you look for information or advice regarding sexual health?

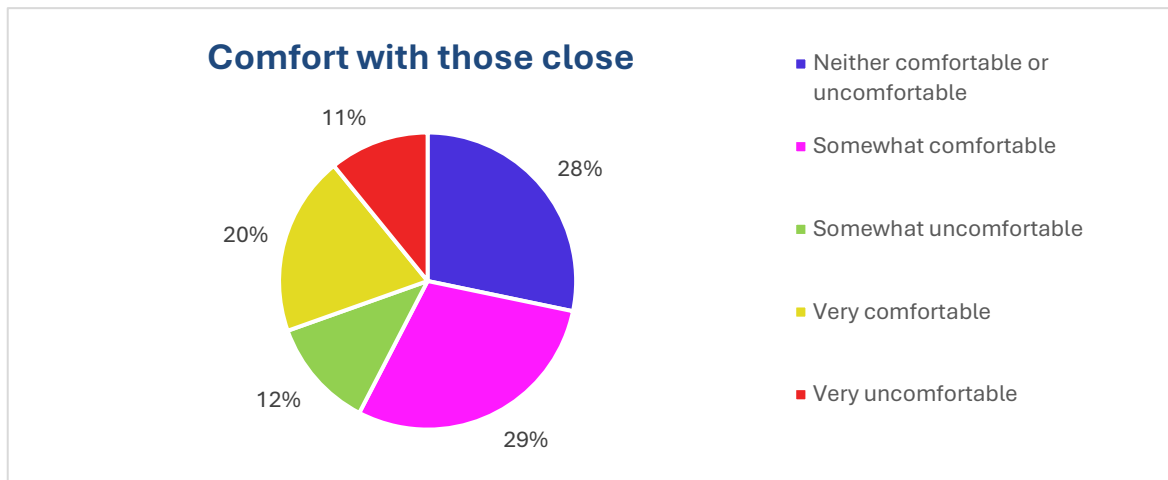


Most young people would search online (**19%**) for information relating to their sexual health or seek support from their GP surgery (**16%**). Friends and family also considered reliable sources of information. It is important that if young people are seeking support from people close to them, that their friends and family are knowledgeable on the topic to be equipped to respond when appropriate or signpost to clinical settings. Of the **1%** who stated 'other', none elaborated on what that other source would be.

Only **10%** would look for information and advice from the outreach team, and **5%** from a member of staff at their education setting.

Although GP surgeries are equipped for supporting young people with their sexual health needs, greater use of the outreach teams offer, whether via pop-up or drop-in clinics may alleviate appointment pressures most surgeries are currently facing and enable more timely access to information, contraception, testing and treatment.

## How comfortable are you talking to friends and family about sexual health?



The majority of young people have some positive level of comfort in having conversations about sexual health. This indicates that the subject is being normalised, therefore being viewed as less taboo than previous generations may have experienced. When we promoted the project, some students did not want to take the flyer to encourage families to participate home with one stating

**We aren't allowed to talk about things like *that* in our house**

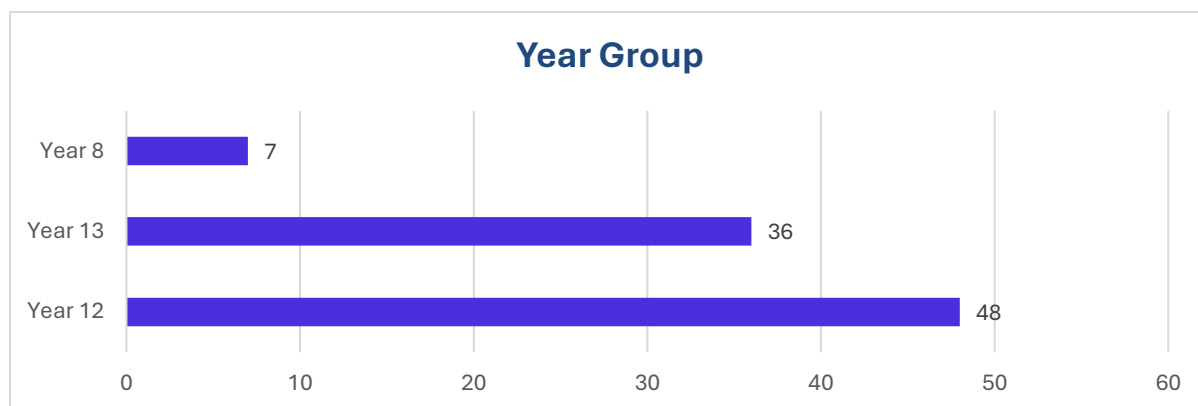
**Male student at Hornsea Sixth Form, aged 17**

This is a clear sign that wider work to educate and onboard families is still needed.

## Demographics

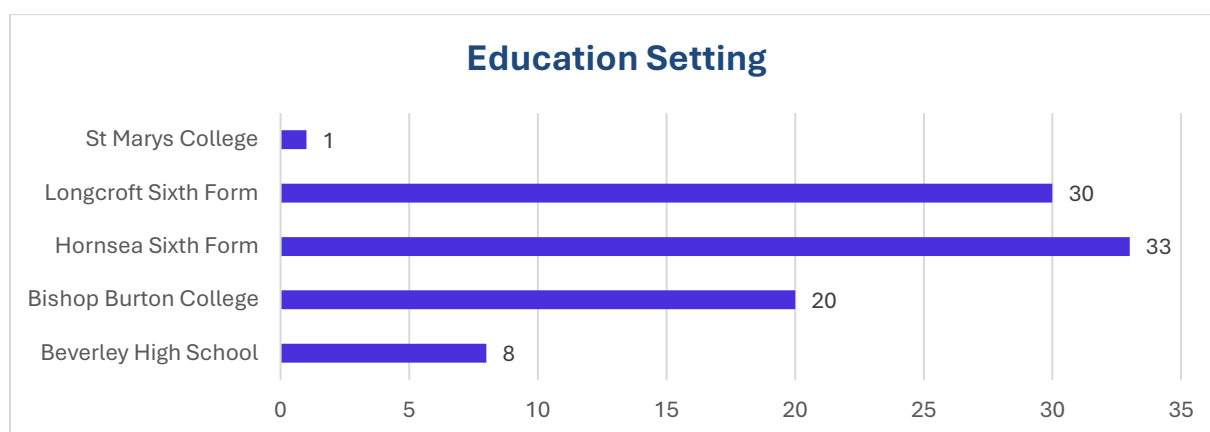
Our demographics section helps us to gain a picture of who has taken part in the project, without being able to identify them. We asked young people the following questions.

### What year group are you currently in?



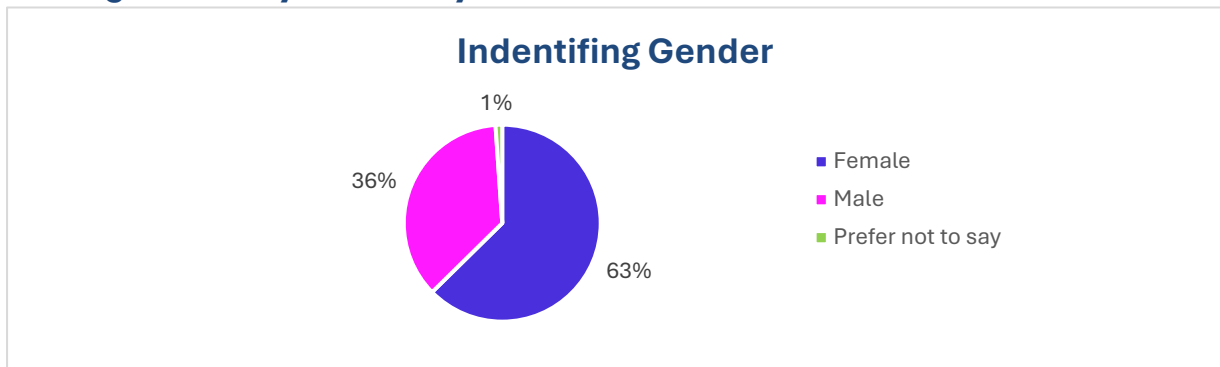
It is worth noting, CHCP do not deliver sexual health education to students in Year 7-8, however, our team felt it was important to disclose all responses. Education received by Year 8 students will relate to that which is provided by their education setting.

### Which education setting do you attend?



This project was **not** promoted within the Hull City Council boundary, however, **1** student from St Marys College completed the survey. This was included solely for the purposes of transparency.

## What gender do you identify as?

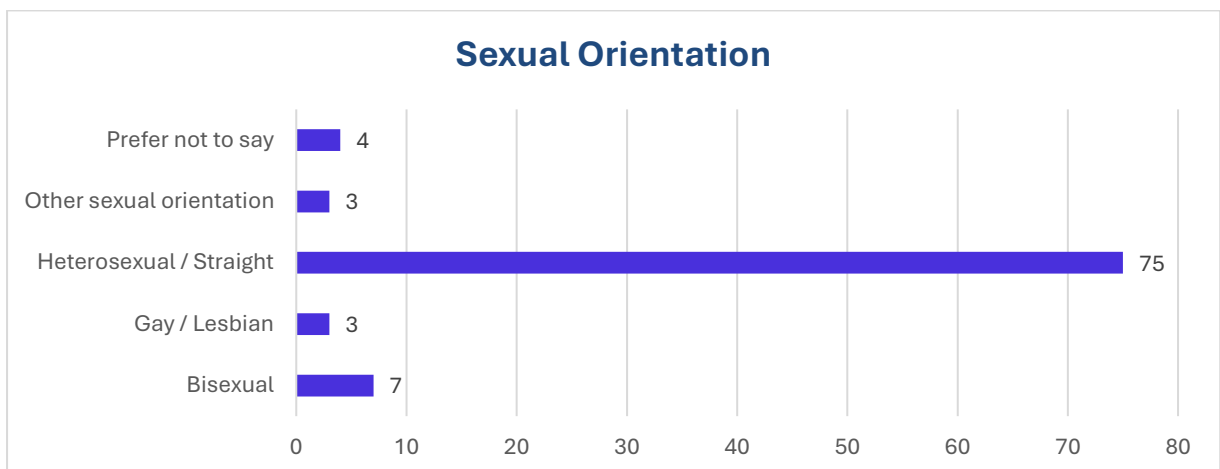


There were **58** 'female' respondents, **33** 'male' and **1** selected 'prefer not to say'.

## Is the gender you identify as the same as your gender at birth?

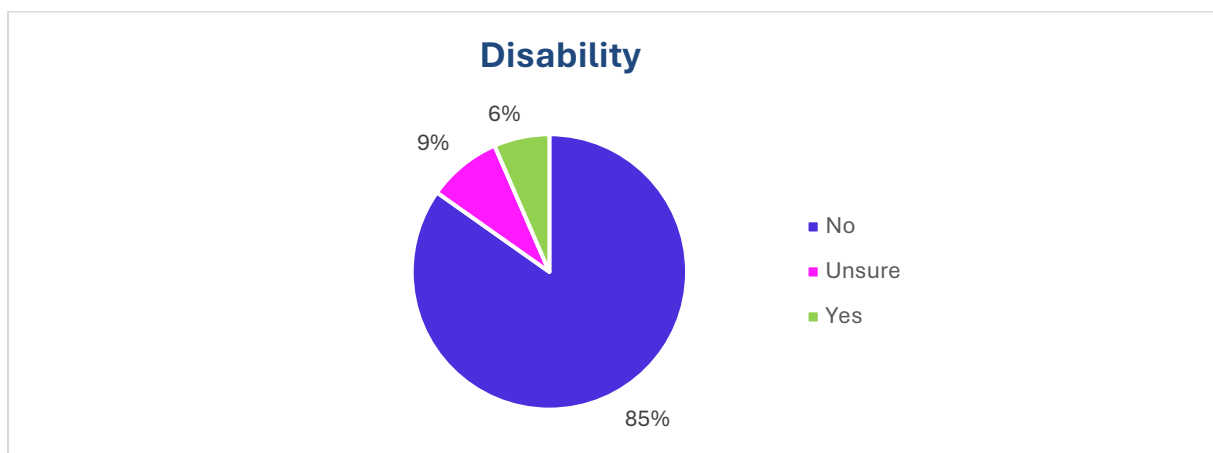
On this question, **98%** of young people said 'yes', **2%** said 'no', and **0** responded with 'prefer not to say'.

## What is your sexual orientation?



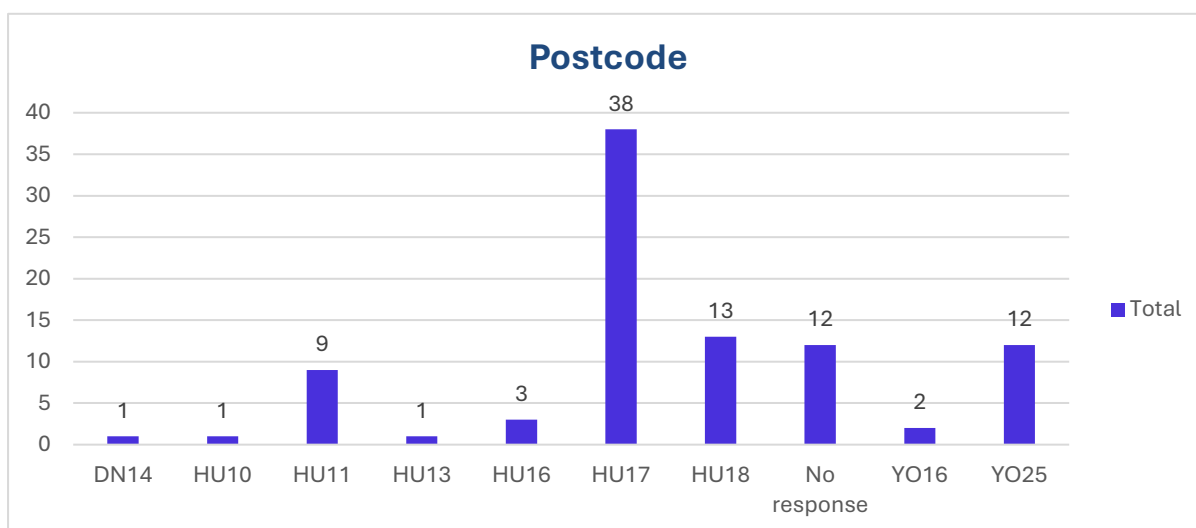
A box was provided to elaborate if selecting 'other'. All 3 respondents did not comment to share their sexual orientation.

## Do you consider yourself to have a disability?



This question stated that a disability did not need to be formally diagnosed. There were **78** students who selected 'no', **8** said they were 'unsure', and **6** said they did consider themselves as having a disability.

## What is the start of your postcode?



For online surveys, this question was a required field and would not let respondents move on to the next question. Paper surveys, which accounted for majority of the responses, unfortunately were unable to prevent people skipping this question. As a result, **12** young people did not respond. It is worth noting that majority of the responses were gathered in-person at settings in Bishop Burton (**HU17**),

## Education staff findings

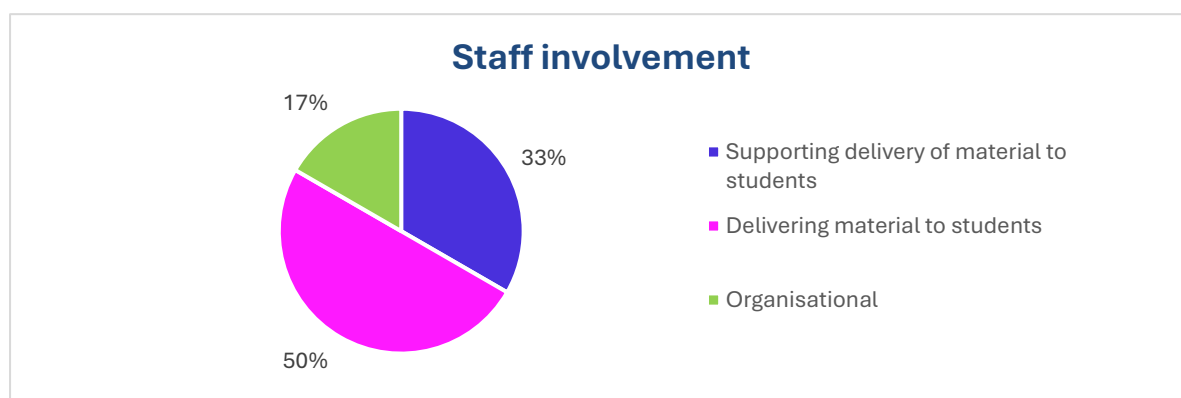
Our team asked a series of questions to staff within education settings across the region, receiving **4** responses. Below are the findings from those who took part.

### Which school, sixth form or college do you currently work for?

**75%** worked at Bishop Burton College, and **25%** worked at Beverley High School.

### Which best represents your role?

- Teacher (**75%**)
- Teaching support (**0%**)
- Designated area lead (**25%**)
- Senior leadership (**0%**)



### How involved are you with students' sexual health education delivered by your school, sixth form or college?

Staff were able to select multiple options from the following:

- Organisational
- Delivering materials to students
- Supporting delivery of materials to students
- Gathering feedback about the delivery of sexual health education
- Not required to be involved



### **Do you receive any support with your involvement?**

'Yes – always' – **25%**

'Yes – if required' – **50%**

'No – but I know I ask for support if needed' – **25%**

### **What works well with sexual health education delivered at your setting?**

Themes were as follows.

- Knowing the students as individuals (2 responses)
- Ability to make it fun (1 response)
- Low level information and support given (1 response)
- In-depth information and support available if needed (1 response)
- Being factual / scientific (1 response)
- Making delivery engaging and relatable (1 response)
- Promoting awareness (1 response)

### **Are there any challenges to providing sexual health education?**

- Guidance is not specific
- Staff knowledge
- Can be embarrassing / uncomfortable for staff
- Some students' ability to process information
- Some students miss this education
- Lack of checking students understanding and needs

### **If a student approached you with a sexual health related question, do you feel equipped to answer / support?**

There was **1** person who responded 'Yes', with **3** feeling they were 'Somewhat' equipped. Upon asking why they gave this answer, only those had said 'Somewhat' provided explanations. Knowledge and not knowing how much information should be provided were shared, along with that the staff member would signpost them to clinical services.

### **Is there anything else you would like to share on this topic?**

Again, **1** person responded stating they believe there should be more links included which look at the physiology and psychology of sexual health.

## **Families of young people findings**

Our team promoted the survey for families to take part in the project, with **2** surveys received. The results were as follows.

Respondents had a child /children at Woldgate School (Year 9), and Beverley Grammar School (Year 10). One young person was male, one female.

### **Has the young person taken part in sexual health education?**

- Maybe – I don't think they have but aren't certain
- Yes – they definitely have

### **Has sexual health education been discussed between you and the young person?**

- Yes – in detail
- Yes – a little

Both shared that they were extremely comfortable in having these conversations with their young person.

### **Do you feel you could answer questions they may have relating to sexual health?**

- Yes – I'm confident I know
- Yes – If I don't know, I can find out

We asked if the family member completing the survey felt sexual health discussions in the education setting helped young people by providing someone neutral to inform and answer questions. There was **1** person strongly agreed, and **1** did not feel it made a difference.

When asked if there was anything else they would like to share, 1 person responded. 'There has been an assembly delivered by a nurse. I don't think the topic is covered comprehensively. Not enough is known about the school nurse either'.

# CHCP Voice

## Sexual Health Outreach Team

As part of the project, we spent an hour with 2 staff from the CHCP Sexual Health Outreach Team. One is responsible for delivering the presentations, and one who is responsible for the pop-up and drop-in clinics. Some of the information from this meeting has been included within the findings of the report. Other notable information is captured here to ensure service voice is heard to deliver the whole picture.

- The service is commissioned to deliver 100 presentation sessions per year. Sessions take between 35–60 minutes. The commissioning year runs from April to March.
- Delivery audience format varies – as a year group, tutor/form group, subject class, ranging from Year 9 to Year 13, mainly mixed gender, but on occasions the genders have been split into ‘boy sessions’ and ‘girl sessions’. These are decisions made by education settings, not CHCP.
- The target from commissioners is that a minimum of 100 sessions is delivered. The number of students in those sessions does not factor into the KPI (Key Performance Indicator). Quantified data recorded such as age and gender of students is recorded with approximate figures as this is difficult to obtain accurately.
- Sessions are not planned strategically to ensure every student receives the appropriate information during their academic life. Much of the control of where, when and who receives these sessions are dictated by education settings.
- The Outreach Team deliver sessions at Selby College which is out of catchment area (10% of the 24/25 sessions).
- CHCP made this decision as there are many students from Goole, which is recognised as an area with high levels of deprivation, who attend Selby College when their local setting was disbanded. YorSexual Health are commissioned to deliver in that area, and do deliver at Selby College to all students. East Riding residents are not separated for CHCP delivery.
- Some settings have changed their safeguarding policies recently which has seen a decline in uptake of the Outreach Teams offer.

CHCP have shared their concerns and the potential impact with a safeguarding lead and are working on resolving this.

- Some settings have been notifying families, informing them that their young person has accessed the pop-up clinic, saying this is done for safeguarding purposes. Again, CHCP have raised concerns and are working to find an appropriate resolution.
- The presentation delivered was developed approximately 15 years ago and is updated when there is a change to government guidance or requested by commissioners. Recent updates include adding information on unprotected sex, female-to-female sex and the use of dental dams as a form of protection against oral disease.
- CHCP's presentation was not coproduced with young people. The reason provided was that this is a clinical, factual presentation.
- The best interaction is typically seen at Howden School which is attributed to the setting staff who give students ample notice which allows them to attend mentally ready for the session and have any questions they may have prepared. This was delivered to an entire year group but split into tutor/form groups.
- An independent school used to allocate 90 minutes to sessions which allowed more engagement, including a sexual health quiz.
- Students with learning difficulties or autism typically tend to have more confidence in asking any questions they have which benefits other students who may have had the same question but lacked the confidence to ask.
- CHCP have an Easy Read version of the information and have an adapt version of the presentation for those who may require a different delivery as a reasonable adjustment.
- CHCP believe there is adequate time and information allocated for the LGBTQ+. There is currently no information for anyone who may be transitioning gender, however, if required they can be signposted.
- CHCP attending special school and Alternative Provisions. They currently do not cover those not in traditional education such as Electively Home Educated (EHE), however they are current arranging talks to explore this further.
- CHCP aim to deliver the main message to students, not to have unprotected sex, however if they do, they want students to be equipped with information to act fast, what to do, where to access help and know that they have choices available to them.

- Students can raise their hand to ask questions during sessions but typically do not do this. Often students will wait until afterward to ask personal questions discreetly.
- When questions are asked, they are said to be either asking something that is about to appear on the next slide or relating to myths. Provided examples were, *'Did HIV come from monkeys?'* and *'can you catch an STI from a toilet seat'*.
- CHCP are often asked if parents need to be informed if they access pop-up or drop-in clinics, or what is discussed.
- CHCP feel their presentation is well received. They leave feedback cards when possible but often lack time to gather feedback.
- CHCP are proud of the relationships they have with education setting staff, and students. Staff have been with the Outreach Team for a considerable time which has helped build a level of trust and respect.
- The sessions are never recorded to reflect on later. This was done at the first delivery approximately 15 years ago but has not been done since. This was recorded by a professional. All reflection now is based on feedback provided.
- Success is measured by CHCP reviewing if the pop-up clinic is busy afterwards, or if the text service is well utilised following a delivery.
- The relationship between the new commissioner and the Outreach Team has been positive. It has been helpful that he has worked within outreach services.
- Whilst there was no fixed commissioner/Public Health lead, it posed a challenge as there was no consistency and mixed levels of understanding in terms of the service and reporting.
- Would like to see it become a statutory requirement to have the Outreach Team deliver in each setting to ease the resistance felt at some venues.
- CHCP understands the pressure settings are facing trying to fit in all areas of the curriculum and have external providers attend to support this can be challenging.
- Pop-up and drop-in clinics remain busy, with Bridlington and Withernsea being better attended.
- Drop-in clinics see girls attend in a proactive capacity, accessing contraception, with boys attending in a more reactive way looking for tests and treatment.

- Condoms are available at some Children's Centres in Bridlington, Goole and Beverley as part of a pilot programme with CHCP needing to restock more at Bridlington than anywhere else. No demographic information is being obtained by the Children's Centres which is an issue.
- CHCP do not feel being based in Hull but commissioned for the East Riding is a barrier as they utilise the mobile unit well.
- CHCP believe that appropriate signposting to the Outreach Team would help reduce the stigma around sexual health.



**We're helping to raise that  
awareness and reinforce positive  
health behaviours. That's always  
great for us and it's building  
up trust as well**



**CHCP Sexual Health Outreach Team staff member**

# Public Health Voice

## Sexual Health and Welfare Advice Lead

As part of the project, we spent 90 minutes with the Public Health Commissioning Lead for Sexual Health and Welfare Advice. They are responsible for the commissioning of the Outreach service which serves those aged 13-19 in the East Riding of Yorkshire.

Paul explained the role of Public Health is very important. They commission (set contracts and provide funding) services which feed into sexual health education. This includes visits from CHCP (City Health Care Partnership) within schools delivering prevention talks, which support relationship health and sexual health, along with outreach clinics. This service is in place to make sure young people receive all the information they can in order to live safe, informed, happy, healthy lives and enjoy normal sexual relations as they progress through their life.

Public Health receive information from CHCP regularly, some information is monthly, others is quarterly to ensure the agreed contract is met. There is a service level agreement which contains KPIs<sup>1</sup>. This is how Public Health monitor the service throughout the year. Some of the information within these updates includes how many schools they have visited, which schools they have attended, what type of education is delivered, for example it might be a prevention talk and, the age range and gender of young people they presented to. This allows Public Health to have an overview of where CHCP are targeting to ensure no area or cohort is left behind. Additionally, CHCP provide data on intervention which may occur within education settings or their outreach clinics.

In addition to providing Public Health with information on their KPIs, CHCP also provide them with narrative information which provides case studies and richer stories about the work that has taken place. This can include complex cases that CHCP have dealt with, celebrations of when things have gone well and opportunities to learn from things that could have gone better. By monitoring both KPIs and narrative information through contract meetings, quarterly, Public Health and CHCP can work together collaboratively to ensure the health of East Riding Citizens.

The Public Health role in relation to sexual health was dormant for approximately 6 months. During this period, responsibility was allocated to two other members of staff within Public Health, one is Public Health Leader (Public Protection) and the other, the Public Health Nurse Consultant. This ensured that there was always someone monitoring of the service level agreement and reporting to the Director of Public Health who has overall responsibility and accountability for young people receiving sexual health education.

We asked Paul what his favourite part of his role is.

'Actually, getting out and meeting people within the system who are carrying out work relating to sexual health. I love sexual health. I think it's really interesting. It's the part of health that really does key into people's well-being and their everyday life. It's about how people make their babies. It's about how people choose not to make their babies. It's about how people show and express their love to their partner it but making sure that they do that safely. I find it really interesting. Then on the other side, there's STI data and things like that. Getting out and talking to people about the topic is my favourite.

Being new to the role, we asked Paul what the best part of this role has been so far.

'I've loved how enthusiastic everyone within Public Health is about having a sexual health lead again. There have been no closed doors. Colleagues have been coming to me to say, 'let's book some time in to talk about what you're doing'. It's great to feel supported and that everyone is wanting to get sexual health back on the agenda. In my role, that's the best thing I can ask for. It really has been fantastic!'

We asked Paul if he had encountered any barriers or challenges so far within his role.

'The biggest challenge so far is trying to find out what we don't know. There is only so much information from the work being done with certain communities within the East Riding of Yorkshire and it's not because other communities don't exist, there's just not so much work being done with them and marginalised communities can be difficult for services to engage with. The big challenge is that there only small amounts of data, be it quantitative or qualitative to point us in the right direction because



these are seldom heard communities. It's going to be a challenge but something I'm really focused on resolving.'

When asked who he felt these communities might be, Paul gave two examples sharing that there was not enough information relating to how ethnic minority groups are engaging with sexual health in the region. He also highlighted sex workers as a 'missing' cohort when it comes to information about if and how they are engaging with services. These are communities which will need trust building to engage with them fully. Relating to reproductive health mainly, but also sexual health, travelling communities form another seldom heard group. Paul voiced a desire to carry out coordinated work and build connections within these communities.

## Observations

### Healthwatch East Riding insights

Our team had requested to observe the delivery of some presentations to have a better understanding of the service and students experience. We were able to attend one session which took place at Hessle High Sixth Form on 19<sup>th</sup> March 2025. This was a classroom delivery to Year 13 students which comprised of 11 male, and 7 female students. The presentation lasted approximately 35 minutes. Students entered the classroom and had not been notified in advance.

- An overview of the Sexual Health Outreach Team was given including their main location, small clinic locations and pop-up clinic. Services offered were also shared.
- Informed students they were going to learn what can happen when making 'bad choices'.
- Advised there would be pictures but would be warned before each one if shown and students could look away if they would prefer.
- Shared that all information is confidential, that parents are not informed, will not form part of GP records and after a certain period of time CHCP records are also destroyed. Was clear that there are some safeguarding circumstances when this would not be the case.
- Promoted text service, how to access and how it works.

- Main STIs would be covered and informed not all can be treated.
- Risk does not mean lots of sexual partners, it could be first ever partner who already comes to the relationship with an STI.
- Made several references to the service 'I'm picking up the pieces' from young people needing to access the service.
- Shared STIs are possible regardless of sexuality, type of intercourse, even virgins may contract via other sexual activity.
- When talking about chlamydia, it was mentioned that this could result in fertility difficulties such as ectopic pregnancy.
- Advised about all main STIs, how to access testing, how testing is carried out and how results are delivered.
- For each picture, as promised, a warning was given to allow students to look away.
- One student was highlighted as being pale (during pictures being shown), checked on wellbeing several times which drew attention to that student.
- Advised about good practice for effectively putting on a condom – said most of the time if they tear it is boys not putting them on properly.
- Informed girls they are equally responsible for condoms.
- Discussed implants needing appointment in time before they become ineffective.
- Small section on LGBTQ+, dental dam mentioned but no explanation of how to use, but that it is available from the Outreach Team.
- Explained about emergency contraception, different types, timescales to use and how effective they are.
- Showed the CHCP Conifer website [Sexual and reproductive health services - Conifer Sex Health](#)
- Mentioned early termination / abortion clinic.
- Shared information about LGBTQ+ clinic.
- A slide had COVID information on still.
- Sexting highlighted, messages once sent may be used in other ways.
- Briefly discussed consent.
- Mentioned the need for girls to be honest as some say they did not consent and need testing/treatment which triggers legal action, but that some girls lie and it is important to be honest.
- There was no pop-up clinic following and students were able to leave as soon as the presentation finished.

- There is a disconnect between what students learn from CHCP, and from their education setting which may result in learners having gaps in their knowledge that could have negative health outcomes.

## Conclusion

### What did we learn?

We were able to identify key strengths and weaknesses by analysing all the information gathered. This included data collected from survey responses from young people in the region, and in the rich conversations which provided added value to understanding young peoples' experiences. With the addition of education staff voice, families of young people, and speaking with the outreach team and Public Health, we have a clear understanding of how these experiences, thoughts and feelings link together.

### Strengths

- CHCP has strong relationships with education settings.
- Consistency of pop-up clinics has built a connection and relationship of trust with students.
- The core message CHCP aims to deliver is being heard and understood by most students.
- A consistent presence by the recently appointed Public Health lead has helped improve relationships with CHCP which is resulting in issues being addressed quickly together.
- Students value both the presentation and pop-up clinic elements of CHCPs offer to young people.
- Some education settings are preparing students, helping them to attend presentations in a way that they are ready to actively engage in the presentations.
- CHCP has made students aware that they can ask questions if they would like to know more or gain clarity on their understanding of the delivery.

- Confidence from all involved in the project relating to having conversations about sexual health indicates stigma surrounding the topic is fading.
- Both Public Health and CHCP exude passion for sexual health education and wellbeing.

### **Weaknesses**

- Barriers are being created by some education settings preventing students from accessing services offered by professional clinicians at CHCPs pop-up clinics which may pose a health risk for young people.
- Tone of delivery is felt to be harsh and promoting abstinence which indicates part of the core message is being lost.
- Students lack 'brand awareness' of the outreach team which may prevent young people from accessing appropriate clinic advice and support outside of their education setting.
- A lack of confidentiality in the way that students can ask CHCP questions during presentations.
- Education professionals and families feeling confident in having conversations with young people about sexual health but are not confident in their level of appropriate knowledge.
- Presentation slides are often described in a negative light by students with conversations indicating they are considered dated, too graphic, or unengaging.
- Perceived insufficiency in information and time dedicated to LGBTQ+ according to students.
- Strong potential for duplication when presenting in other counties which are actively served by different outreach organisations commissioned for that area.
- CHCP often face barriers in ensuring that ALL children receive sexual health education by a qualified clinician within their academic life.

# Recommendations

## Healthwatch East Riding recommends...

Our team have considered the information we have received from all sources, along with our own observations. As a result, we believe services would benefit from our following recommendations for improvement in young people's experiences.

1. CHCP should ensure that their presentation slides and video recording are co-produced with young people to make them more visually engaging, relevant and contemporary. Any specific subjects to review such as LGBTQ+ should be done with young people who have lived experience. CHCP could access groups such as the Lollipop Group to support with this.

## CHCP Response to this recommendation

"The Outreach Team within the Integrated Sexual Health Service are currently reviewing the Sexual Health talks offered to young people in the East Riding. The recommendations from this report have been very beneficial in supporting the team in how best to ensure we are meeting the needs and expectations of our given audience.

The team have now linked in with the volunteer voice supervisor with community vision who is very happy to support with the elements of the presentation to support LGBTQ+ young people.

We intend to collaborate with our East Riding commissioner to establish a young person forum, aiming to better understand the needs and expectations of young people regarding sexual health and identify ways to improve our presentation and support for them."

2. CHCP should review the current mechanisms for how students are able to ask questions. This includes before, during and after the presentations. This should be review should take into account the

methods the young people would like use, balancing this with the safeguarding policies and procedures of the individual school.

### **CHCP Response to this recommendation**

“The team would welcome more interaction with students in the form of questions either before the presentations, during or after. Working within a large number of schools and colleges does make this difficult as each setting gives a specific time for the presentations which does not always allow for questions. The young people are always signposted to the Sexual Health Virtual Clinic where they can ask questions anonymously and be given an answer directly however, we appreciate that this means young people need access to a device connected to the internet in order to interact.

The team would like to have a pop-up clinic following every presentation to give young people the time to digest the information and then come to the team with any questions or concerns however this is not possible in a vast number of schools at present. This is one area the team are working with our East Riding commissioner to try and have a pop-up clinic in every education setting following the presentation.

The team are linking in with the school nursing teams to try and increase interaction with students and we will review the opportunities young people have to ask questions and work with education settings to ensure they are supportive of ensuring young people can ask questions.”

3. CHCP to continue the development of workshops to give education staff, and families the knowledge and confidence they need to support young peoples’ sexual health and enable them to know when it is appropriate to signpost and where to. Workshops to be developed within 6 months with delivery ongoing.

### **CHCP response to this recommendation**

“The service is currently working on rolling out a training programme to all education settings offering staff training and awareness. This is something we are working closely with our East Riding commissioner. We are calling

this our “whole school approach” however we would like to have a “whole community approach” We have already facilitated training to 2 education settings, and the feedback has been really positive. It is our vision to offer awareness training to parents, governors and the wider school communities. We are also offering training to other agencies who work with young people to ensure all services accessed by young people have a basic understanding of sexual health and where to access care so that they can support young people to get the most appropriate care and support.”

4. CHCP should consider restricting delivery of presentations to solely cover East Riding of Yorkshire education settings. This would prevent duplication of services who are confirmed as actively delivering in the neighbouring counties. This would allow 100% of resources to be utilised across the region to support more young people to take a more informed and preventative approach to their sexual health.

### **CHCP response to this recommendation**

“The report has included a young person from St. Marys college however the team do not work within any schools in Hull to offer presentations this work is carried out by Yorkshire Mesmac.

There is an anomaly with Selby College, the outreach team do attend this college as there are many young people attending from East Riding. Many of the students who attend Selby College from East Riding do so due to the closure of Goole College. As these students are all over 16 it was felt that in order to ensure inclusive access for all young people in the East Riding the team would attend Selby College. Our east Riding commissioner is aware of this and is supportive of our attendance due to the potential of a large cohort of young people not having access to the service. YOR sexual health who provide a service in North Yorkshire do not offer presentations and

they are aware of our involvement within the college. We work together at Freshers Fairs and signpost young people according to where they live.”

### **Further comment from Healthwatch East Riding of Yorkshire**

At the time of producing the report, gathering information from all stakeholders, CHCP had advised their purpose of attending Selby College was to meet the need of Goole residents as stated above, following the closure of Goole College. Our team contacted YorSexualHealth prior to consultation, who advised they are commissioned to provide sexual health education to students in the York and North Yorkshire region. When asked about potential for duplication of presentations for some students, they said it was a possibility as it is not a coordinated approach with CHCP. Since receiving the consultation response, our team spoke to Selby College directly for the purpose of fact checking information received. It was verified that CHCP delivery to *all* students across the setting, with YorSexualHealth delivering information students studying Health and Social Care and attending events such as the Freshers Fair. YorSexualHealth *do not* deliver prevention talks on mass at the college. With this information in mind, East Riding of Yorkshire Councils Public Health team may wish to discuss delivery obligations in line with government legislation, with the relevant commissioners of YorSexualHealth for Selby College students, including those attending the college who live in Goole.

5. East Riding of Yorkshire Councils Public Health teams’ sexual health lead should support CHCP to develop their approach to engagement education settings, by working with education leads to highlight the benefits of the outreach teams vast experience and expertise. This should include leveraging their connections with education teams from within the council such as the Director of Education, Schools and Inclusion, and Education Heads.
6. The East Riding Council Public Health, Sexual Health lead should leverage his connections with the Director of Education, Schools and



Inclusion to remove the barriers that CHCP face in relation to safeguarding in Schools.

7. The Public Health sexual health team should review and update the current Service Specification document, to provide enhanced understanding in place of current vague terminology. A more robust service specification should still provide contracted organisations freedom on how they deliver the objective but have greater clarity of expectations.

The new specification should include as a minimum:

- A requirement for the provider to include robust and accessible feedback mechanisms ensuring continuous development of the service that demonstrates improvements based on feedback.
- A requirement for the provider to ensure that accessibility is considered in all areas of their service. This also includes providing additional support for those with physical and learning disabilities, and those with visual and auditory impairments.
- An agreed appropriate level of engagement and communication with young people to ensure the service becomes widely promoted.
- A requirement for the provider to measure the impact of their communications and engagement approach and provide updates to the commissioner on progress.
- A requirement for the provider to ensure that all genders and sexual orientations are treated equally within presentation delivery and at clinics.
- A requirement for the provider to ensure that there are robust mechanisms for coproduction of new educational materials.

### **Response from East Riding of Yorkshire Councils Public Health team to recommendations**

“With regards to the recommendations for Public Health, I would like to thank Health Watch for providing these. The recommendations and the report will be a useful tool in the upcoming re-procurement of Sexual Health services which will be taking place over the next 18 months. I will be taking these recommendations seriously and ensuring, where possible, they form part of the re-procurement process.

Thanks to the team for all the hard work put into creating this report.”

### **Response from East Riding of Yorkshire Councils Director of Education, Schools and Inclusion**

“Since receiving your letter I have met with colleagues to discuss how we can work together to raise these issues and improve our co-working with partners to improve the services to children and young people in this space.

On behalf of the East Riding of Yorkshire Council, I would also note that we are keen to take every opportunity to support the work of the CHCP and that leaders at all levels work together to engage schools and FE settings.

Whilst leaders are aware of potential and current gaps in engagement, aspirations are high, and areas of need are being and will be addressed swiftly. Both Public Health and Education teams in the local authority are working together for a united approach.

The Council is also looking at expanding the current training approach (rolled out at The Market Weighton School) and to promote the role of a Sexual Health champion named as a contact point within each school.

It is hoped that most recommendations can be addressed during the upcoming re-procurement of sexual health services which will be taking place over the next 18 months.

I hope this provides sufficient information for a purpose of the response to the actions contained for the Council, and I am happy to have further such discussions with colleagues as you feel may be necessary in due course."

## Acknowledgements

### **Thank you for supporting our work**

Healthwatch East Riding of Yorkshire would like to express their appreciation to the CHCP Sexual Health Outreach Team and Paul Storey from East Riding of Yorkshire Public Health for embracing and participating in this project. We would like to thank staff and students at Bishop Burton College, Hornsea Sixth Form, Longcroft Sixth Form, Beverley High School, Beverley Grammar School, Woldgate School and St. Mary College, parents of students at Woldgate School and Beverley Grammar School who completed surveys and spoke with our team. Thank you to Tom Chamberlain the Director of Education, Schools and Inclusion for responding to recommendations within this report. Thank you to YorSexualHealth for responding with information about their service. We are grateful to Selby College who took part in our fact checking process about services delivered by external providers for students within their setting.

Huge thanks to our Young Healthwatch volunteers; Abbie Buckley, Olivia Dilon and Ethan Dunn-Green for entering survey responses onto our digital system and Healthwatch Hull team who have supported.

We'd like to express our gratitude to HWERY volunteer Denise for the guidance and insight from knowledge of sexual health education for young people. Thanks to our HWERY volunteer, Lisa Adamson for supporting in gathering information and engaging with students across hub sites.

Thank you to everyone who has liked, commented or shared social media posts, or forwarded emails to promote the project.

# Reference list

## Links for sites mentioned in this report

- <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education/relationships-and-sex-education-rse-secondary>
- <https://www.legislation.gov.uk/uksi/2013/351/contents/made>
- <https://conifersexhealth.co.uk/>
- <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000057/pat/6/par/E12000003/ati/501/are/E06000011/iid/91306/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

# Statement for credit

Healthwatch East Riding of Yorkshire respectfully request that when sharing or utilising any part of the information within this report (Share The Information), acknowledgement and full credit is given to our organisation.

# Consultation

## Service responses to recommendations

Agencies involved in the recommendations made within this report were given 20 days to provide a response. These have been included within the report. Copies of the original formal responses can be found here.

Please find the response from the Integrated Sexual Health service to the recommendations by Health Watch East Riding of Yorkshire report "Share the Information"

1. *CHCP should ensure that their presentation slides and video recording are co-produced with young people to make them more visually engaging, relevant and contemporary. Any specific subjects to review such as LGBTQ+ should be done with young people who have lived experience. CHCP could access groups such as the Lollipop Group to support with this.*

The Outreach Team within the Integrated Sexual Health Service are currently reviewing the Sexual Health talks offered to young people in the East Riding. The recommendations from this report have been very beneficial in supporting the team in how best to ensure we are meeting the needs and expectations of our given audience.

The team have now linked in with the volunteer voice supervisor with community vision who is very happy to support with the elements of the presentation to support LGBTQ+ young people.

We intend to collaborate with our East Riding commissioner to establish a young person forum, aiming to better understand the needs and expectations of young people regarding sexual health and identify ways to improve our presentation and support for them.

2. *CHCP should review the current mechanisms for how students are able to ask questions. This includes before, during and after the presentations. This should be review should take into account the methods the young people would like use, balancing this with the safeguarding policies and procedures of the individual school.*

The team would welcome more interaction with students in the form of questions either before the presentations, during or after. Working within a large number of schools and colleges does make this difficult as each setting gives a specific time for the presentations which does not always allow for questions. The young people are always signposted to the Sexual Health Virtual Clinic where they can ask questions anonymously and be given an answer directly however, we appreciate that this means young people need access to a device connected to the internet in order to interact.

The team very would like to have a pop-up clinic following every presentation to give young people the time to digest the information and then come to the team with any questions or concerns however this is not possible in a vast number of schools at present. This is one area



the team are working with our East Riding commissioner to try and have a pop-up clinic in every education setting following the presentation.

The team are linking in with the school nursing teams to try and increase interaction with students and we will review the opportunities young people have to ask questions and work with education settings to ensure they are supportive of ensuring young people can ask questions.

- 3. CHCP to continue the development of workshops to give education staff, and families the knowledge and confidence they need to support young peoples' sexual health and enable them to know when it is appropriate to signpost and where to. Workshops to be developed within 6 months with delivery ongoing.*

The service is currently working on rolling out a training programme to all education settings offering staff training and awareness. This is something we are working closely with our East Riding commissioner. We are calling this our "whole school approach" however we would like to have a "whole community approach" We have already facilitated training to 2 education settings, and the feedback has been really positive. It is our vision to offer awareness training to parents, governors and the wider school communities. We are also offering training to other agencies who work with young people to ensure all services accessed by young people have a basic understanding of sexual health and where to access care so that they can support young people to get the most appropriate care and support.

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James Dennis  
Delivery Manager  
Healthwatch East Riding of Yorkshire  
Meeting New Horizons CIC

Our Ref: TC044/JMH  
Enquiries to: Tom Chamberlain  
Email:  
Tel Direct:  
Date: 14 September 2025

Dear James,

### East Riding of Yorkshire Council – Share the information project

I hope you are well. Thank you for the attached report and the recommendations.

Since receiving your letter I have met with colleagues to discuss how we can work together to raise these issues and improve our co-working with partners to improve the services to children and young people in this space.

On behalf of the East Riding of Yorkshire Council, I would also note that we are keen to take every opportunity to support the work of the CHCP and that leaders at all levels work together to engage schools and FE settings.

Whilst leaders are aware of potential and current gaps in engagement, aspirations are high and areas of need are being and will be addressed swiftly. Both Public Health and Education teams in the local authority are working together for a united approach.

The Council is also looking at expanding the current training approach (rolled out at The Market Weighton School) and to promote the role of a Sexual Health champion named as a contact point within each school.

It is hoped that most recommendations can be addressed during the upcoming re-procurement of sexual health services which will be taking place over the next 18 months.

I hope this provides sufficient information for a purpose of the response to the actions contained for the Council, and I am happy to have further such discussions with colleagues as you feel may be necessary in due course.

Yours sincerely, with best wishes,

Tom Chamberlain  
Director of Education, Schools and Inclusion

Merlin Joseph  
Executive Director of Children, Families and Schools



Public Health response within an email as below.

**“With regards to the recommendations for Public Health, I would like to thank Health Watch for providing these. The recommendations and the report will be a useful tool in the upcoming re-procurement of Sexual Health services which will be taking place over the next 18 months. I will be taking these recommendations seriously and ensuring, where possible, they form part of the re-procurement process.**

**Thanks to the team for all the hard work put into creating this report.”**



**healthwatch**  
East Riding of Yorkshire

Healthwatch East Riding of Yorkshire  
Meeting New Horizons  
Strand House  
75 Beverley Road  
Hull  
HU3 1XL

[www.healthwatcheastridingofyorkshire.co.uk](http://www.healthwatcheastridingofyorkshire.co.uk)

t: 01482 6655 684

e: [enquiries@healthwatcheastridingofyorkshire.co.uk](mailto:enquiries@healthwatcheastridingofyorkshire.co.uk)