INAHTA Briefs

Issue 2010/190

Title **School-Linked Sexual Health Services for Young People (SSHYP): A Survey and Systematic Review Concerning Current Models, Effectiveness, Cost-Effectiveness and Research Opportunities**

Agency **NETSCC, HTA, NIHR Evaluation and Trials Coordinating Centre**

Alpha House, University of Southampton Science Park, Southampton, SO16 7NS, United Kingdom; Tel: +44 2380 595 586, Fax: +44 2380 595 639; hta@soton.ac.uk, www.hta.ac.uk

Reference Volume 14.30. ISSN 1366-5278. www.hta.ac.uk/project/1662.asp

Aim

To identify forms of school-based sexual health services (SBSHS) and school-linked sexual health services (SLSHS) in the UK; to review and synthesize evidence from qualitative and quantitative studies on the effectiveness, acceptability, and cost effectiveness of these services.

Conclusions and results

The UK has no single, dominant service model. The systematic review demonstrated that the evidence base for these services remains limited and uneven, and draws largely on US studies. Qualitative research is needed to develop robust process and outcome indicators to evaluate SLSHS/SBSHS in the UK. These indicators could be used in local evaluations and in large, longitudinal studies of service and cost effectiveness. Future research should examine the impact of the differing services currently evolving in the UK, encompassing school-based and school-linked models, and models with and without medical practitioner involvement. Three broad types of UK sexual health service provision were identified: 1) SBSHS staffed by school nurses, offering minimal or basic levels of service; 2) SBSHS and SLSHS staffed by a multiprofessional team, but not medical practitioners, offering basic or intermediate levels of service; and 3) SBSHS and SLSHS staffed by a multiprofessional team, including medical practitioners offering intermediate or comprehensive service levels. The systematic review showed that SBSHS are not associated with higher rates of sexual activity among young people, or with an earlier age of first intercourse. There was evidence to show positive effects in terms of reductions in births to teenage mothers and in chlamydial infection rates in young men, but this evidence came primarily from the USA. Hence, the findings need to be tested in relation to UK-based services. Also, evidence suggests that broad-based, holistic service models, not restricted to sexual health, offer the strongest basis for protecting young people's privacy and confidentiality, countering perceived stigmatization, delivering the most comprehensive range of products and services, and maximizing service uptake. Findings from the service-mapping study indicate that broad-based services, eg, medical practitioner input in a multiprofessional team, meet the stated preferences of staff and young people most clearly. Partnership-based developments of this kind also conform to the broad policy principles embodied in the Every Child Matters framework in the UK and allied policy initiatives. However, neither these service models nor narrower ones have been rigorously evaluated as to their impact on the key outcomes of conception rates and sexually transmitted infection (STI) rates in the UK or other countries. Therefore, appropriate data were not found to support cost-effectiveness modeling.

Recommendations

See Executive Summary link www.hta.ac.uk/project/1662.asp.

Methods

The study had two components: 1) the service mapping component was based on a postal questionnaire circulated to school nurses throughout the UK (14.6% response rate); and 2) semistructured telephone interviews with 51 service coordinators in NHS and local authority roles. Quantitative data from the questionnaire were analyzed using SPSS, primarily to produce descriptive statistics relating to staffing and facilities. Qualitative data from questionnaire free-text sections and from interviews were subject to thematic analyses.

Further research/reviews required

See Executive Summary link www.hta.ac.uk/project/1662.asp.

Written by Dr Jenny Owen, ScHARR, University of Sheffield, NETSCC, United Kingdom