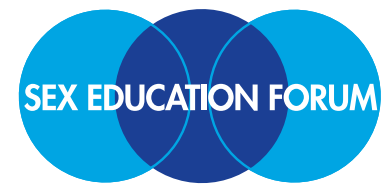


# Sex and relationships education with young people in non-formal settings



Forum Factsheet 36

This factsheet looks at issues involved in delivering sex and relationships education (SRE) to young people in a range of non-formal settings. This could be a youth club, outreach provision, drop-in centre, housing project or any other place where workers engage with young people to promote non-formal personal and social development. We will refer to this as 'youth work' and to the deliverer as 'youth worker', recognising the fact that the worker may have a different job title such as Connexions PA, housing support worker, youth justice worker, advisor and so on. Non-formal learning in youth work settings provides a unique opportunity to engage in discussions with groups and individuals and to use materials which may not be appropriate for the classroom. This factsheet offers practical advice and learning methods for approaches to SRE within these settings.

## The importance of SRE

### What is SRE?

SRE is lifelong learning about sex, sexuality, emotions, relationships and sexual health. It involves acquiring information, developing skills and exploring attitudes and values.<sup>1</sup> It helps young people to understand themselves, negotiate and take responsibility for their relationships and to neither exploit others nor be exploited themselves. It builds young people's self-esteem and confidence, and creates a values framework that will guide young people's decision-making and behaviour. SRE also helps to develop a positive view of sexuality and sex and supports sexual self-acceptance. It aims to meet the needs of all young people.

### Why do SRE?

Children and young people say that they want to learn more about sex and relationships. They tell us that their sex education is too little, too late and too biological and does not sufficiently address broader emotional, moral or social issues. They also tell us that they would like opportunities to discuss issues such as abortion, homosexuality and menstruation. They say that they are often ill-prepared for relationships and would like opportunities to think about peer pressure, how it can lead

to unwanted sex, and its consequences. In addition, they want to discuss feelings and real-life dilemmas.<sup>2</sup>

Children and young people have a right to receive accurate information on matters that affect them. Consequently, they are entitled to receive education that informs them about sex and relationships. In 1999, a government report on teenage pregnancy<sup>3</sup> set a clear agenda for action. In 2006, an in-depth review by the Teenage Pregnancy Unit into the effective delivery of local teenage pregnancy strategies found that 'A well resourced youth service, with a clear remit to tackle big social issues such as teenage pregnancy and young people's sexual health' was one of the key features of areas where the rate of under-18 conceptions was going down.<sup>4</sup>

Research evidence shows that comprehensive SRE, which involves organisations and individuals in community settings working alongside school-based programmes and sexual health services, can reduce the negative outcomes of sexual activity, including unintended pregnancies and sexually transmitted infections. SRE can also delay the age at which young people first have sexual intercourse, increase their knowledge, lead to clarification of attitudes and values, and improve the quality of their relationships with partners, family and friends.<sup>5</sup>

Research undertaken on Youth Development Programmes in the US has found them to be effective in preventing teenage pregnancy.<sup>5</sup> Evidence shows the effectiveness of a range of different models that combine elements of SRE, healthcare, self-esteem building, educational support and arts and sport activities. The Young People's Development Programme (YPDP) is a Department of Health (DH) funded pilot programme in England running from 2004-2007 and has been developed from an American development programme model.

### Policy background

In recent years government legislation and policy guidance documents have informed SRE provision in both formal and non-formal settings:

- In 1985, a House of Lords ruling led to the Fraser guidelines, which are a set of criteria for professionals to use when giving contraception and sexual health advice and treatment to young people aged under 16. The Fraser guidelines are included in the revised version of the DH's best practice guidance for doctors and other health professionals on the provision of contraceptive, sexual and reproductive health, including abortion, to young people under 16.<sup>6</sup> This document stresses that doctors and health professionals

have a duty of care and a duty of confidentiality to all patients, including under-16s.

- The Education Act (1996) reaffirmed earlier legislation obliging all secondary schools to provide sex education. It stated that the term 'sex education' included education about HIV/AIDS and other sexually transmitted infections.
- The 1999 Social Exclusion Unit report on Teenage Pregnancy<sup>3</sup> led to the establishment of the government's Teenage Pregnancy Unit and Teenage Pregnancy Strategy, which aims to halve the under-18 conception rate in England by 2010. Other practical guidance followed, for example, *Involving Young People in Peer Education: A Guide to Establishing Sex and Relationships Peer Education Projects*<sup>7</sup> and more recently, *Enabling Young People to Access Contraceptive and Sexual Health Advice: Guidance for Youth Support Workers*.<sup>8</sup> The strategy was updated in 2006 with the publication of *Teenage Pregnancy: Accelerating the Strategy to 2010*<sup>9</sup> and practical delivery guidance for Local Authorities and Primary Care Trusts.<sup>4</sup>
- In 2000, DfEE (now Department for Education and Skills) produced non-statutory guidance for schools that addressed what SRE is and how it should be taught.<sup>10</sup>
- Policy on young people's health has emerged incrementally. In 2004, *Every Child Matters*<sup>11</sup> introduced 'being healthy' and 'staying safe' as two of five outcomes of work with young people. The Department of Health's National Service Framework for Children, Young People and Maternity Services<sup>12</sup> focused on establishing effective joined up working practices across the health field. The White Paper *Choosing Health*<sup>13</sup> identified young people as a key target area with sexual health identified as a central focus.

- In the 2005 Green Paper *Youth Matters*<sup>14</sup>, the government recognised the important link between good emotional and physical health and the well-being of young people and called for proposals for making health services more responsive to young people's needs. Through *Youth Matters: Next Steps*<sup>15</sup> the government is committed to consult and produce quality standards on Information Advice and Guidance services.
- In 2006, the government produced updated guidance in *Working Together to Safeguard Children*<sup>16</sup> that allows professionals working with sexually active young people to use their discretion to decide, on a case by case basis, whether it is in a young person's best interest to refer them to social services.
- A White Paper from the DH in 2006 reiterated the need for involving young people in decisions that affect them. *Our Health, Our Care, Our Say*<sup>17</sup> included recommendations for personal health checks, emotional well-being and involving young people in the design and delivery of services such as sexual health services.

## The benefits of SRE provision within non-formal settings

Effective work on SRE can take place in a range of ways, for example:

- Proactively, by delivering a targeted SRE programme with specific aims and objectives to a group of young people.
- Reactively, in response to approaches by individual young people for advice and support. In this instance, the youth worker may be able to provide the support needed or may need to refer the young person on to a more appropriate professional.

Delivery in non-formal settings enables workers to reach young people in environments where they feel safe but where risk-taking and potentially health-compromising behaviour may also be taking place.

Youth workers are often best placed to reach marginalised young people who may have slipped through mainstream SRE education in schools, and who are unlikely to access other services. SRE can also be an element in accredited programmes and lead to certificates and other evidence of learning.

### Case study: Bout Ye

Bout Ye is an fpa project working with groups of young men who live in Northern Ireland and particularly in areas that have experienced political conflict and disadvantage. The young men are given opportunities to discuss issues and concerns about sex, relationships and what it means to be a man, in a series of activity-based sessions within their own youth club. Although the work involves providing practical information – for instance, about STIs and using clinics – the emphasis is placed on building skills and self-esteem, and in exploring attitudes and values. Working informally in a single-gender group helps the young men to put aside their 'macho' behaviour and to share their feelings and emotions. For most, this is their first experience of doing so within a group of young men. Feedback from participants, as well as their parents, teachers and youth workers, has been extremely positive.

fpa have a long history of working with young people in non-formal youth settings across the UK. Find out more at <http://www.fpa.org.uk/about/projects>

### Case study: The Cupboard Project

The Cupboard Project in Leeds offers a groupwork package, *Life & Everything*, for vulnerable young women aged 13-16. The project offers a safe space, where vulnerable young women can discuss feelings and issues that matter to them. The programme includes sexuality and sexual health, relationships (family, friends and partners), body image, problem solving, sexually transmitted infections and contraception. It also includes a visit to the Contraceptive and Sexual Health (CASH) clinic. The programme incorporates baby reality sessions, using the Baby Think It Over dolls. The project also offers the young women ongoing one-to-one support, drop in support, the c-card scheme and free chlamydia and pregnancy testing. Young women also have the opportunity to take part in residencies and to train as peer educators.

Contact: The Cupboard Project on 0113 276 2720 or visit [www.cupboard.org.uk](http://www.cupboard.org.uk)

Youth work often includes work to meet specific needs, such as those of gay and lesbian young people, black and minority ethnic young people and single gender groups.

## Guidance on the legal framework

### Confidentiality

Confidentiality is crucial for building the trust necessary for effective youth work. Case law supports the principle that young people are entitled to have information kept confidential unless there are concerns that they are suffering, or at risk of suffering, serious harm or of causing serious harm to someone else. There is no law requiring workers to disclose to the police, parents or anyone else information about sexual activity below the age of consent, but child protection procedures must be followed if there is abuse or exploitation. The aim of the Sexual Offences Act 2003 is to protect the safety and rights of young people. It is not intended to be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age.

Before doing SRE with groups of young people, it is important for youth workers to negotiate a working agreement with participants that

includes an understanding of the level of confidentiality offered within the group. It should always be made clear to young people that absolute confidentiality cannot be guaranteed. Young people need to be aware that this also applies in one-to-one situations, where a youth worker may decide to seek advice on sharing information if there are serious child protection concerns.

All youth workers, especially those working with young people around sex and relationships issues, should have received training in child protection issues and be clear about their organisation's confidentiality policy and practice. The support of managers and other agencies is essential if child protection issues arise.

Youth services need to ensure that they comply with recent government guidance on safeguarding young people.<sup>16</sup> Local Authority youth services should give written instructions and have in place consistent procedures on when youth workers should consult colleagues, line managers and other statutory authorities about concerns they may have about a child or young person.

Where the local authority funds local voluntary youth organisations or other providers through grant or contract arrangements, the authority should

ensure that proper arrangements to safeguard children and young people are in place; for example, this might form part of the agreement for the grant or contract.<sup>16</sup>

### Providing confidential advice or treatment

The Sexual Offences Act 2003 supports the ability of health professionals and others working with young people to provide confidential advice or treatment on contraception, sexual and reproductive health to young people under 16.

The Act states that, a person is not guilty of aiding, abetting or counselling a sexual offence against a child where they are acting for the purpose of:

- protecting a child from pregnancy or sexually transmitted infection
- protecting the physical safety of a child
- promoting a child's emotional well-being by the giving of advice.

In all cases, the person must not be causing or encouraging the commission of an offence or a child's participation in it. Nor must the person be acting for the purpose of obtaining sexual gratification.

This exception, in statute, covers not only health professionals, but anyone who acts to protect a child, for example, teachers, Connexions Personal Advisers, youth workers, social care practitioners and parents.

*(Reproduced from Best Practice Guidance for Doctors and Other Health Professionals on the Provision of Advice and Treatment to Young People Under 16 on Contraception, Sexual and Reproductive Health. Department of Health 2004)*

### Who can deliver SRE with young people?

Youth workers are in an excellent position to deliver SRE and to talk to

individual young people about sex and relationships. This is most effective when done within a broad programme of SRE and in liaison with other education and health professionals; for example, from local contraceptive and sexual health services, youth clinics or Genito-urinary medicine (GUM) clinic.

Youth workers respond to questions, start discussions and run groupwork around SRE. However, workers should ensure that they only work within their skills, knowledge, competence and confidence in this area, and should seek to develop these through ongoing training. It is important that they are, at least, fully conversant with basic sexual health information prior to giving information or advice to young people and that they know where to refer young people locally for specialist support.

Workers intending to run more specific SRE programmes may want to consider further qualification; for example, through an ASDAN short course, the fpa's Core Competencies for Youth Workers in Sexual Health accredited training, or a Royal College of Nursing qualification in Sexual Health Skills (see useful organisations, page 7). SRE training opportunities may also be available locally through teenage pregnancy coordinators, local sexual health service providers and Children and Young People's Partnerships.

### Can youth workers give young people information about contraceptive methods?

Yes. Youth workers can provide young people, including those who are under 16 years old, with general information about contraceptive methods and sexually transmitted infections (STIs), including the importance of using condoms to prevent STIs. This information should be accurate and

up-to-date. However, advising a young person on the suitability of a particular contraceptive method is the responsibility of health professionals and would not normally be undertaken by youth workers.

If a young person needs to be referred to another professional, the young person should first have an opportunity to fully discuss their situation with a youth worker, if they wish to do so. It is also helpful if the youth worker explains why they are referring the young person to another service and what is likely to happen when the young person accesses that service.

### Can youth workers direct young people to services offering contraception and sexual health services?

Yes. Youth workers can give young people, including those who are under 16 years old, details of where and how to access local services offering contraception and sexual health services.

If a young person is under 16, the youth worker should also encourage them to seek support from their family or someone else they can trust. However, parental permission is not

needed if a young person can understand the issues and appreciate the consequences. The Fraser Guidelines were developed for doctors, but when modified offer a good practice framework for anyone working in this area:

- Is this young person likely to begin or continue having sex with or without contraception?
- If they don't receive either contraceptive treatment or advice, is their mental or physical health, or both, likely to suffer?
- Is it within their best interests to get some advice or condoms from you?
- Have they understood the information and advice you have given them, including the consequences of their choices?
- Can they be encouraged to inform their parents or guardian about the advice they are seeking?

It is also within the youth worker's remit to help a young person to make contact with services offering contraception and accompany a young person to a clinic if they are worried about visiting on their own. Youth workers are also able to take groups of young people to visit a local contraceptive and sexual health clinic to find out about local services. A visit

#### Case study: Birmingham Maypole Centre

Birmingham Maypole Centre runs a 12-week Sexual Health and Teenage Pregnancy course for young people aged 13-15. The Maypole Centre has successfully offered the course since 2002, reaching over 500 young people. The course content covers sexually transmitted infections, contraception, and relationships with partners, friends and parents. The course uses drama from Loud Mouth Theatre Group, includes visits to a local Brook Advisory Clinic and a talk about domestic violence by Birmingham's Women's Aid. The young people have the opportunity to spend a weekend with reality babies and attend a residential to evaluate the course. An independent evaluation was undertaken, which found that young women who attended were less likely to become pregnant and more likely to delay becoming sexually active. However, if young people were sexually active, those that participated were more likely to use contraception.

Contact: The Maypole Project on 0121 464 6172, or visit [www.maypolecentre.co.uk](http://www.maypolecentre.co.uk)

to a local service is most effective as part of a wider sex and relationships programme as a way of allaying anxieties and improving early uptake of advice. It is good practice to encourage under-16s to inform their parents or carers, and to make information available that young people can share and discuss with parents. However, there is no legislation that requires Connexions, local authority youth services or other youth organisations to seek parents' permission or to inform them of sex and relationships programmes.

## Can youth workers provide condoms to young people?

Yes. Youth workers may give out condoms to young people, including under-16s. Youth workers providing condoms should have received appropriate training and should work to a policy about condom distribution that has been agreed with management and is understood by young people. The provision of condoms by youth workers should:

- Be done as part of a broader sex and relationships education and information programme that includes helping young people to resist any pressure to have early sex.
- Complement local service arrangements by the Primary Care Trust for the distribution of free condoms.
- Only involve the supply of condoms that are within their expiry date and marked with the European standard.
- Encourage young people to discuss the issue with their parents, particularly if under 16.
- Always be accompanied by verbal and/or written advice about using condoms correctly, information about STIs and services, and where to access emergency contraception if the condom breaks or is not used.

### C-Card schemes

C-Card schemes are free condom schemes that also offer access to sexual health information and support for young people. The target group is normally young people under 19 years old, to reflect the aims of the Teenage Pregnancy Strategy. The first c-card scheme was developed by the Harm Reduction Team in the Edinburgh Healthcare NHS Trust in order to reduce the transmission of HIV among the general population in 1989. A large number of others have followed nationally and are normally established by a number of 'young people friendly' agencies in each location. Under the initiative, health experts train youth workers, and others working with young people, to deliver sexual health advice. Once fully trained, they will be able to issue c-cards where they are confident the young person is aware of the laws regarding sexual activity and they know how to use a condom. Young people normally need to have previously registered before they can get free condoms. Some schemes only allow a maximum of ten visits before the young person needs to be seen again by a health professional.

- Be explicitly mentioned in written information about the agreed policy.

*(Reproduced from [Enabling Young People to Access Contraceptive and Sexual Health Advice: Guidance for Youth Support Workers](#). DFES 2005)*

## Delivering SRE in informal settings

Sexuality and relationships are a sensitive and personal part of our lives, especially during adolescence. Working on these issues effectively with young people therefore requires a high level of skill and an understanding of the core values and practice of good youth work, including good planning and evaluation, young people's participation, sensitivity to individual need and the use of ground rules and icebreakers.

Key elements to any SRE programme include:

1. **A clear local policy** developed in conjunction with young people and agreed by youth workers, managers, the local authority and representatives from within the community, including schools, other agencies and parents. The policy needs to have clear aims and objectives and should set out

how young people's needs are being met. It should include:

- an explicit values framework, including addressing diversity issues
- referral procedures for sexual health and contraceptive services
- confidentiality and procedures for disclosure of sexual abuse and bullying
- training and support for staff.

The policy provides a clear framework for youth workers and young people to ensure good practice. It also identifies working boundaries and at which point young people are referred on to appropriate health professionals. The policy should be regularly reviewed, particularly by young people.

2. **A supportive environment** where young people feel comfortable expressing their attitudes and feelings about personal matters and where individual experiences and differences are treated sensitively. An SRE policy can clearly spell out a values framework so that young people know the underlying ethos of the project.

Certain approaches to working with young people may also help to build trust and support. For group-based activities this includes encouraging the young people to develop ground rules, such as keeping confidences within the group, listening to others and 'no put-downs'. Other strategies for building a safe environment include

working in single-gender groups and using active learning methods.

### 3. A service and activities that are inclusive and reflect diversity

SRE provided in non-formal settings should be inclusive of all young people and address the needs of marginalised and vulnerable groups, such as those from black and

minority ethnic groups, some faith groups, lesbian, gay, bisexual and transgender young people, young people in care and disabled young people. Clear policies need to be in place that support an inclusive environment and that challenge racism, sexism, homophobia and other prejudices. Working methods and resources should reflect inclusiveness and embrace the needs of all young people.

Youth work is an ideal opportunity to provide targeted sex and relationships work which takes into account identified needs. See the Young Black Peerspectives and NRG case studies for examples.

### 4. Use of a wide range of approaches and youth work techniques

Opportunistic discussion on sex, sexuality and relationships can often be triggered by issues raised in soap operas or current affairs. National campaigns such as World AIDS Day, Contraceptive Awareness Week and Sexual Health Week can also be useful for starting debates about sexual health.

Discussion often leads onto planned SRE sessions where young people carry out specific activities. Active learning methods are widely agreed to be most appropriate for non-formal settings. They are informal, creative and fun, and are especially effective for exploring feelings, practising skills and discussing values.

- **Art** – includes poster-making, painting and collage, using images from magazines or newspapers. Useful for looking at areas such as sexual stereotyping and body image, or for displaying information. Effective for those with low literacy skills. Helpful in building self-esteem as the art can then be displayed.

#### Case study: Young Black Peerspectives

Managed by the Black Health Agency, the Manchester-based Young Black Peerspectives (YBP) project works with marginalised young black and minority ethnic people, using peer education initiatives to improve their lives, opportunities and well-being. Target groups include those facing exclusion from school, or in young offender institutions (YOIs), as well as young people not in education or employment (NEET) and young refugees and asylum seekers (including unaccompanied minors). The project employs young people who have had similar experiences as peer educators to provide information and advice on sexual health and other issues that affect their lives and well-being. Often young black people have difficulty accessing opportunities in mainstream health and educational settings and YBP offers advice and support to negotiate these situations. Workers from the same backgrounds have often had similar concerns, and young people find that they can relate to this and engage with them. The work helps to build the self-esteem and confidence of the peer educators, who may be used to being seen by others negatively.

Contact Young Black Peerspectives project on 0161 455 1502 or visit [www.blackhealthagency.org.uk](http://www.blackhealthagency.org.uk)

#### Case study: NRG

NRG is a service for lesbian gay and bisexual young people in London run by the Terrence Higgins Trust. NRG aims to promote good physical and emotional well-being and offers a range of services to meet that aim. NRG provides a dedicated Connexions PA service, a counselling service, a drug and alcohol advice service, information on sexual health, key work and family liaison. NRG also runs three social groups in different parts of London. Each group provides a weekly programme of activities including workshops, discussions, trips out and guest speakers. NRG also hold a number of annual events and special projects including three month self-esteem and assertiveness project and a web based peer support project ([www.doyourparentsknow.com](http://www.doyourparentsknow.com)). The NRG LGB youth service is based on traditional youth service values and supports every young person to achieve the five key outcomes of Every Child Matters. Young people are involved in planning and delivering the service.

Contact the NRG project on 020 7803 1684 or 07771 85805 or email [nrg@ttht.org.uk](mailto:nrg@ttht.org.uk)

- **Music** – writing a song, rap lyrics or advertising jingle encourages cooperation and uses a range of skills, such as researching information, discussing attitudes and reaching a consensus. Again there is a tangible result out of the process.
- **Drama** – includes role-play, use of puppets and masks. Drama is a useful distancing technique to explore specific situations without revealing too much personal information. Another technique, ‘freeze frame’, is helpful to promote discussion. This is where the action is ‘frozen’ and the participants discuss what has happened or will happen. Useful for discussing ideas and building self-confidence.
- **Quizzes and questionnaires** – useful for focusing on young people’s knowledge or opinions about specific issues. They can also provide an assessment of future learning needs as well as triggering discussion.
- **Situation cards/scenarios** – a specific situation is presented, providing a useful lead into discussions about values, attitudes and feelings.
- **Flipcharts** – provide a way of recording the thinking during an activity. All comments should be written down otherwise young people may feel they can only make ‘acceptable’ comments. If this happens some of their views will not be expressed and recorded and can therefore not be addressed.
- **Wordstorming** – saying or writing down whatever comes to mind in relation to a word or thought. Helpful in triggering discussion and exploring ideas.
- **Visits and trips** – including to sexual health services and clinics.
- **Using outside speakers to talk or lead activities** – some areas use young people as peer mentors to

promote SRE. It is important for youth workers and young people to prepare for, and properly brief, all visitors so that they understand the values framework within which the service operates.

## fpa resources

fpa produce a number of relevant resources on SRE that can be used by youth workers, including:

*4BOYS, 4GIRLS: Talking with young people about sex and relationships* (2006)

*Love Sex Life* (2006) a booklet on all aspects of sex and relationships for young people aged 16 and over.

*Beyond Barbie. Community based sex and relationships education with girls and young women: A workers’ compendium* (2003)

*Sex FM* (2006) interactive video pack.

*Contraceptive Display Kit* (2006)

*Talking Together* (2003-2005) a series of three books for working with young people with learning disabilities.

## Other resources

Adams, J (2002) *Go Girls! Supporting girls’ emotional development and building self-esteem* (Centre for HIV & Sexual Health)

Blake, S & Brown, R (2005) *Boys Own: Supporting self-esteem and emotional resourcefulness for those working with boys and young men* (Centre for HIV & Sexual Health)

Brook Advisory Centres (2006) *Under 16s: The law and public policy on sex, contraception and abortion in the UK*

Contact a Family (2005) *Growing up, SRE and relationships: A booklet for young disabled people* (free from Contact a Family 0808 808 2556 or email [helpline@cafamily.org.uk](mailto:helpline@cafamily.org.uk))

Resource lists are available on the Sex Education forum website [www.ncb.org.uk/sef](http://www.ncb.org.uk/sef)

SRE resources are also often available for loan or inspection at local NHS Health Promotion Services. Contact the local Primary Care Trust.

## Useful organisations

### ASDAN

Tel: 0117 941 1126

Web: [www.asdan.org.uk](http://www.asdan.org.uk)

Approved awarding body offering programmes and qualifications to develop key skills and life skills aimed at 11-25 year olds.

### Brook Advisory Centres

Tel: 020 7284 6040

Web: [www.brook.org.uk](http://www.brook.org.uk)

Brook provides contraceptive advice and publications for young people and resources for professionals.

### Centre for HIV and Sexual Health

Tel: 0114 226 1900

Web: [www.sexualhealthsheffield.nhs.uk](http://www.sexualhealthsheffield.nhs.uk)

Provides training and consultancy and produces publications and resources for professionals and young people.

### Consent

Tel: 01923 670796

Web: [www.hpt.nhs.uk](http://www.hpt.nhs.uk)

Consultancy, sexuality education and training for those working on issues relating to sexuality and disability.

### fpa

Tel: 020 7608 5240

Web: [www.fpa.org.uk](http://www.fpa.org.uk)

fpa provides training, consultancy and resources for professionals, leaflets for young people and a helpline (0845 310 1334) for people and workers of all ages.

### Loud Mouth Educational Theatre Company

Tel: 0121 446 4880

Web: [www.loudmouth.co.uk](http://www.loudmouth.co.uk)

Loud Mouth use well-researched, lively and accessible interactive education and training programmes with sessions aimed at adults as well as young people.

### National Institute for Health and Clinical Excellence (NICE)

Tel: 020 7067 5800

Web: [www.nice.org.uk](http://www.nice.org.uk)

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

### The National Youth Agency

Tel: 0116 242 7350

Web: [www.nya.org.uk](http://www.nya.org.uk)

The NYA works with organisations and services to improve the life chances of young people and also works directly with young people themselves to develop their voice and influence in shaping policy and securing social justice.

### Royal College of Nursing

Tel: 020 7409 3333

Web: [www.rcn.org.uk](http://www.rcn.org.uk)

RCN offers short accredited training courses in sexual health skills and promoting sexual health.

### Sex Education Forum

Tel: 020 7843 1901

Web: [www.ncb.org.uk/sef](http://www.ncb.org.uk/sef)

The Sex Education Forum is the national authority on SRE. The Forum produces Spotlight, briefing papers providing up-to-date information on SRE approaches and a range of SRE related factsheets. All are available to download from the SEF website.

### Terrence Higgins Trust – NRG

Tel: 020 7803 1684 / 07771

858057 Email [nrg@ttht.org.uk](mailto:nrg@ttht.org.uk)

Web: [www.ttht.org.uk](http://www.ttht.org.uk)

NRG is a service for lesbian, gay and bisexual young people in London run by the Terrence Higgins Trust.

THT have also developed a web-based peer support project  
[www.doyourparentsknow.com](http://www.doyourparentsknow.com)

### Working With Men

Tel: 020 7732 9409

Web: [www.workingwithmen.org](http://www.workingwithmen.org)

Working With Men provides resources and training for working with boys and young men.

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## The National Youth Agency



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