



# Sexual Health

and PSHE Education

Professionals' Pack

# 2024

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# INTRODUCTION

This pack aims to support education providers to deliver quality PSHE education around sexual health (contraception and sexually transmitted infections) through identifying the curriculum links within the PSHE Associations' Spiral Curriculum and the Department for Education's statutory guidance and developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Knowledge about safer sex and sexual health remains important to ensure young people are equipped to make safe, informed and healthy choices as they progress through adult life
- Should be delivered in a non-judgmental, factual way and allow scope for young people to ask questions in a safe environment.
- Pupils should be taught the law about sex, sexuality, sexual health and gender identity in an age-appropriate and inclusive way.

Education providers can help young people to be better equipped to have healthier, safer sexual lives and support them to understand their range of choices and to make informed choices at the time that is right for them.

Education providers are also well-placed to identify any children or young people who may be at risk of sexual exploitation and form part of the multi-agency response so all staff, including those not delivering PSHE education must be aware of the signs and how to report concerns for child exploitation.



# SAFE LEARNING ENVIRONMENT

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently. We have created a guidance document to support professionals to create this safe in their own setting.



## **No. 01 — Ground Rules**

Create in collaboration with the group. As the facilitator, role model the agreed ground rules.



## **No. 02 — Collaborate with DSL**

Let them know when the session is being delivered to ensure the correct support is in place should any disclosures be made.



## **No. 03 — Staff Confidence**

Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone



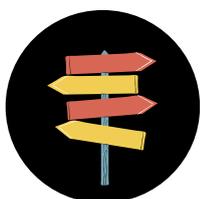
## **No. 04 — Learning Techniques**

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....



## **No. 05 — Difficult Questions**

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



## **No. 06 — Signposting**

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

**A more detailed version of this page is available by emailing either Natalie or Ellie**

# LINKS TO PSHE CURRICULUM

The table below shows the learning opportunities from the relevant PSHE Association core themes at which can be link to Sexual Health.

## Secondary

### PSHE Association:

#### Key Stage Three

H34.	About the purpose, importance and different forms of contraception; how and where to access contraception and advice (see also Relationships)
H35.	That certain infections can be spread through sexual activity and that barrier contraceptives offer some protection against certain sexually transmitted infections (STIs)
R20.	To manage the influence of drugs and alcohol on decision-making within relationships and social situations
R33.	The risks related to unprotected sex

#### Key Stage Four

H27.	About specific STIs, their treatment and how to reduce the risk of transmission
H28.	How to respond if someone has, or may have, an STI (including ways to access sexual health services)
H29.	To overcome barriers, (including embarrassment, myths and misconceptions) about sexual health and the use of sexual health services
R20.	To recognise the impact of drugs and alcohol on choices and sexual behaviour
R23.	How to choose and access appropriate contraception (including emergency contraception) and negotiate contraception use with a partner

H18.	To develop a nuanced understanding of how to select appropriate contraception in different contexts and relationships
H19.	How to reduce the risk of contracting or passing on a sexually transmitted infection (STI)
H20.	How to take responsibility for their sexual health and know where, and how, to access local and national advice, diagnosis and treatment
R15.	To negotiate, and if necessary be able to assert, the use of contraception with a sexual partner
R16.	How to effectively use different contraceptives, including how and where to access them
R17.	To evaluate the most appropriate methods of contraception in different circumstances (including emergency contraception)

### **DfE Statutory Guidance:**

By the end of Secondary pupils will know:

I8.	The facts about the full range of contraceptive choices, efficacy and options available.
I11.	How the different sexually transmitted infections (STIs), including HIV/AIDs, are transmitted, how risk can be reduced through safer sex (including through condom use) and the importance of and facts about testing
I12.	About the prevalence of some STIs, the impact they can have on those who contract them and key facts about treatment.
I13.	How the use of alcohol and drugs can lead to risky sexual behaviour
I14.	How to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment

## NYA Youth Work Curriculum:

HW2.	Helping young people make informed choices about how they live, approach risk and take responsibility for their own behaviour in relation to their lifestyle
HW5.	Providing appropriate, accurate information and guidance
HR1.	Offering relationship support and guidance to young people, including sex and relationship education, in settings and in a way chosen by young people



# Key Messages – Contraception:

It is important for young people to learn about contraception so that they are equipped with the knowledge and information to help them have healthier sexual lives.

When discussing contraception within PSHE education it is important not to share personal stories. There is a wide variety of contraception methods available, and each person should be able to choose the method that is most suited to them and their personal circumstances and preferences.

It is important to use terminology that is inclusive of different gender identities.

Young people should be reminded that many methods of contraception do not provide protection against Sexually Transmitted Infections (STIs) and so condoms/internal (or female) condoms (barrier methods) should be used in conjunction with a form of contraception e.g., pill, patch, injection, implant

You can purchase contraceptive display kits from the FPA. This is an ideal resource to facilitate thinking and talking about different methods of contraception. It can also alleviate fears and dispel myths when it comes to sizing of the different methods.

# Key Messages – Sexually Transmitted Infections:

Some PSHE practitioners might be tempted to show graphic images of STIs however research shows that this actually promotes stigma – without any health benefits and also provide misplaced reassurance if young people do not have symptoms as shown on the screen – remember many STIs do not have any symptoms.

Here are some key messages that should be utilised when teaching about STIs.

- Anyone, who engages in unprotected sexual contact can get an STI. The best way to prevent the transmission is by getting regularly tested and using condoms during sex.
- Not all STIs have symptoms. If someone has had unprotected sex, especially with a new partner, they should have an STI test even if there are no symptoms.
- Waiting two weeks after unprotected sex to take the test will provide a more accurate result. For HIV testing the wait is 6 weeks to get the most accurate result. However, emergency contraception may need to be considered (this needs to be accessed within 5 days of unprotected sex, if required).
- Getting tested for STIs regularly keeps you and other people safe. If someone is sexually active (touching someone's genitals) they should be getting tested.
- Testing is simple and painless (although it might be uncomfortable).
- Avoiding testing can lead to long-term complications like infertility.
- Condoms are the most effective way at stopping the transmission of STIs, however mistakes can happen and can only be used during certain types of sex e.g., sexual contact involving a penis or sex toy so people should still get tested, even if they are using condoms.
- It is important that anyone who tests positive informs that current and previous sexual partners to stop the spread of the infection.
- Testing positive for an STI says nothing about a person's personality or hygiene. No-one should be judge for their sexual activity, as long as it is consensual.

# Resources to Support:



Brook Learn - Contraception



HIV in Schools Campaign by CHIVA



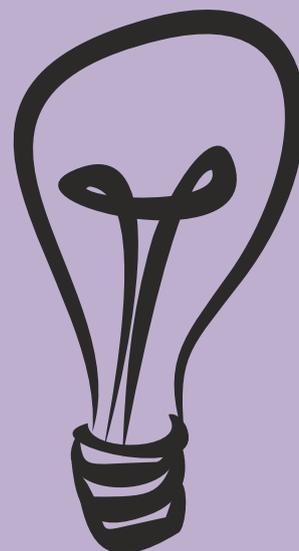
Sexual Health Newsletter - Stoke and North Staffordshire (Autumn 2022)



Sexual Health Newsletter - South Staffordshire (Autumn 2022)



C-Card Posters



# DEVELOPING SUBJECT KNOWLEDGE



**SEXUAL HEALTH -  
CONTRACEPTION & SEXUALLY  
TRANSMITTED INFECTIONS  
(STIS)**

# Definitions

## **World Health Organisation**

The World Health Organisation (WHO) states that "sexual health is fundamental to the overall health and wellbeing of individuals, couples and families, and to the social and economic development of communities and countries.

Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity..."

We recognise that sexual health is a wider topic than just contraception and sexually transmitted infections and there will be other Professional Packs within the ...and PSHE series that will support the wider sexual health definition including healthy relationships, sexual pleasure, sexual choices and sexuality.

## **Contraception**

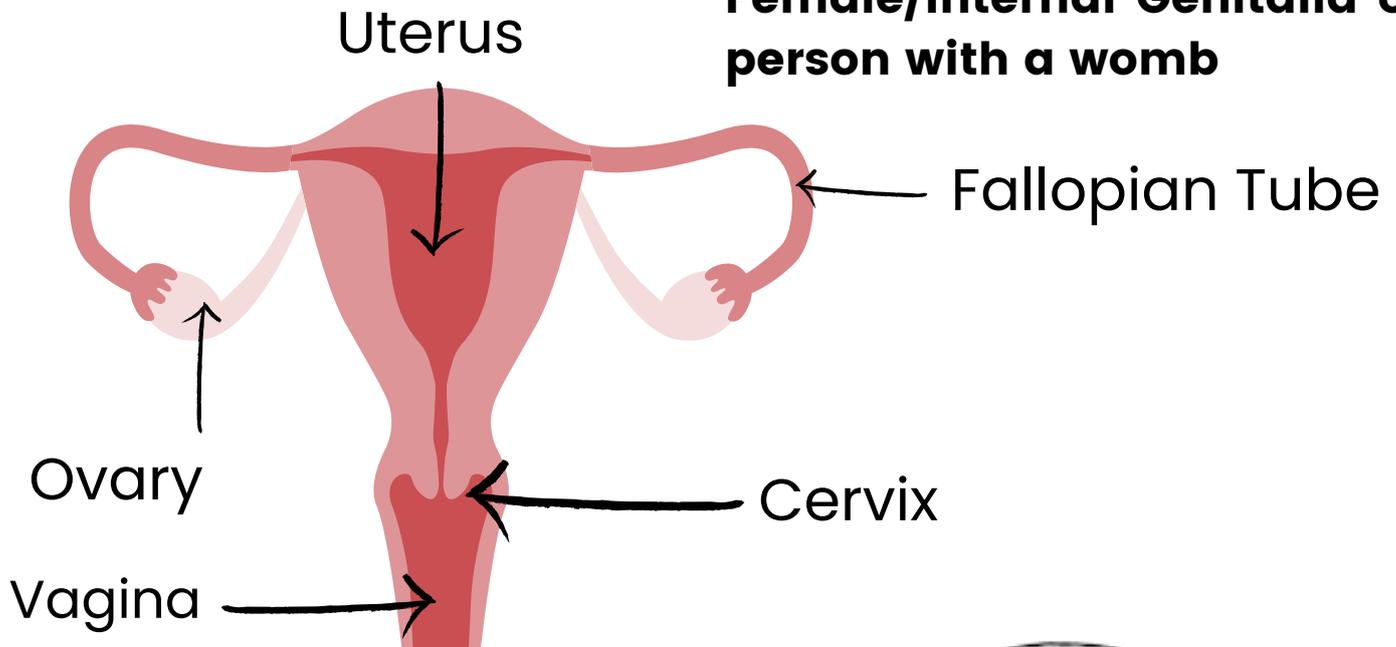
Contraception aims to prevent pregnancy by interfering with the normal process of ovulation, fertilisation and implantation. Different types of contraception act at different points in the process.

## **Sexually Transmitted Infections**

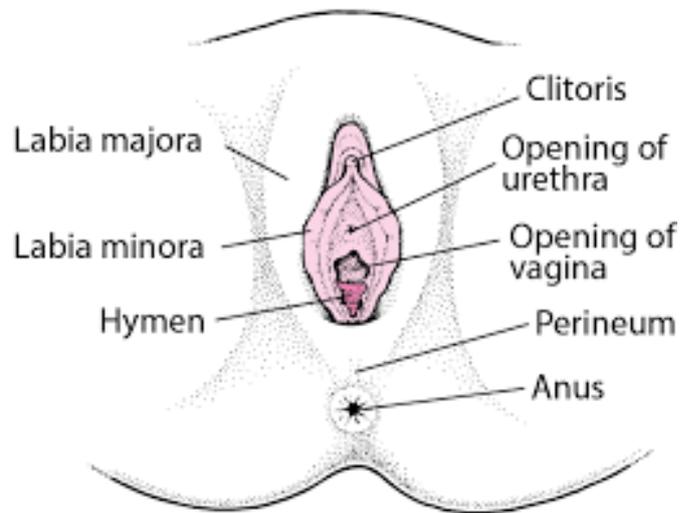
Infections that are spread by sexual activity, especially vaginal intercourse, anal sex and oral sex.

It is important that professionals delivering sessions around sexual health is comfortable with the names of the body parts linked to the reproductive system. If professionals feel uncomfortable, we recommend practising saying them in front of a mirror and around the house until they feel more comfortable.

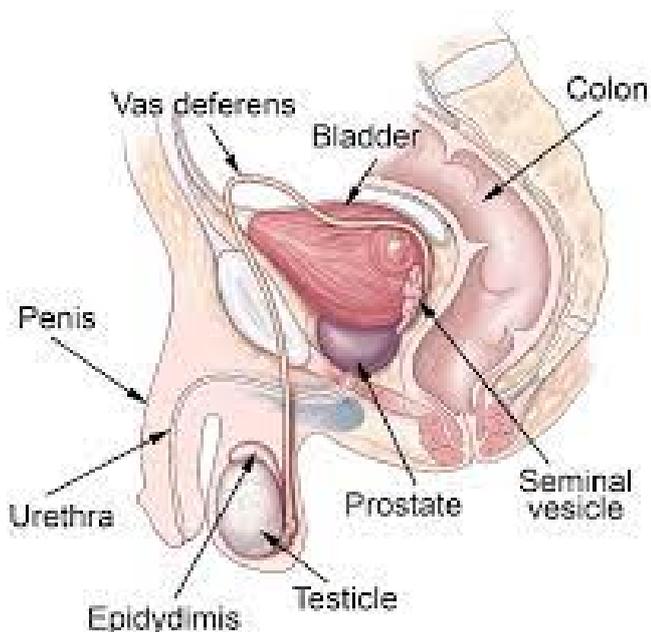
## Female/Internal Genitalia of a person with a womb



## Female External Genitalia



## Male/Person with a penis genitalia



# Contraception

Contraception refers to the methods that are used to prevent pregnancy. Some methods of contraception (condoms) can also be used to prevent some sexually transmitted infections (STIs) there is no method of contraception that is 100%.

Contraception tries to prevent pregnancy by:

- Keeping the egg and sperm apart
- Stopping egg production (ovulation)
- Stopping the combining sperm and fertilised egg attaching to the lining of the womb.

Contraception is free for most people in the UK and condoms are available via the C-Card for free or are available to purchase in pharmacies and supermarkets. You will find details of Stoke and Staffordshire Service in the Local Services section.

There is a short video to accompany each contraception method by clicking on the name.

## Methods:

### **Intrauterine Device (IUD): The Copper Coil**

A small T-shaped plastic device which contains copper. Placed in the Uterus by a trained doctor or nurse.

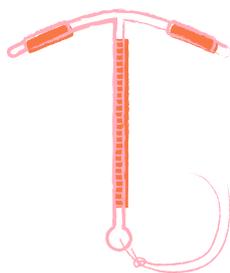
Prevents pregnancy by:

- Preventing the sperm from surviving inside the body as copper is toxic to sperm
- Stopping a fertilised egg implanting in the womb

Lasts for between 5-10 years, depending on the type, or until it is removed.

99% effective.

Can also be used as emergency contraception up to five days of unprotected sex, or five days after the earliest time of ovulation.



### **Intrauterine System (IUS): The Hormonal Coil**

A small T-shaped plastic device which contains the hormone progesterone.

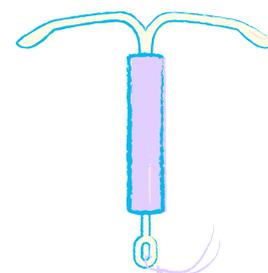
Placed in the Uterus by a trained doctor or nurse.

Prevents pregnancy by:

- Thickening the mucus around the cervix, which makes it more difficult for the sperm to get through and reach an egg
- Makes the lining of the womb thinner so that a fertilised egg cannot implant
- It can also stop ovulation, although most people who use this method continue to ovulate

Lasts up to 8 years depending on the type, or until it is removed.

99% effective



Contraceptive Implant:

A small, flexible plastic rod that releases the hormone progestogen.

Placed just under the skin in the upper arm by a trained doctor or nurse.

Prevents pregnancy by:

- Stopping ovulation
- Thickening the mucus around the cervix, which makes it more difficult for the sperm to get through and reach an egg
- Makes the lining of the womb thinner so that a fertilised egg is less likely to implant.

Lasts for up to 3 years or until it is removed.

Over 99% effective

Contraceptive Injection

There are three types of injections: Depo-Provera, Noristerat and Sayana Press, they all contain the hormone progestogen.

Prevents pregnancy by:

- Stopping ovulation
- Thickening the mucus around the cervix, which makes it more difficult for the sperm to get through and reach an egg
- Makes the lining of the womb thinner so that a fertilised egg is less likely to implant.

Over 99% effective



<b>Name</b>	<b>Frequency</b>	<b>Site of Injection</b>	<b>Who Administers?</b>
Depo-Provera	12 weeks	Buttocks or Arm	Doctor or Nurse
Noristerat	8 weeks	Buttocks	Doctor or Nurse
Sayana Press	13 weeks	Front of Thigh or Abdomen	Self

The above methods are all categorised as Long-Acting Reversible Contraception (LARC)

Contraceptive Ring

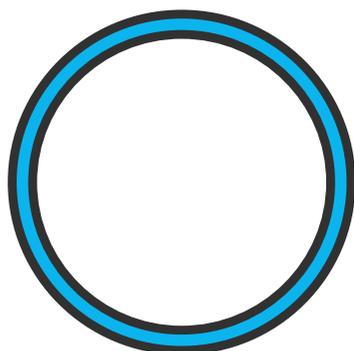
A soft, flexible, plastic ring that goes into the vagina. It is about 4mm thick and 5.5cm diameter. Releases both progesterone and oestrogen through the vaginal wall.

The ring prevents pregnancy by:

- Stopping ovulation
- Thickening the mucus around the cervix, which makes it more difficult for the sperm to get through and reach an egg
- Makes the lining of the womb thinner so that a fertilised egg is less likely to implant.

Over 99% effective

A ring is inserted into the vagina and left in continuously for 21 days. The ring is then removed and there is a ring-free week for seven days, a new ring should be inserted.

Contraceptive Patch

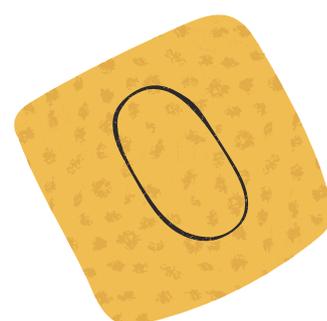
A small, beige 5cm x 5cm patch that is applied to the skin like a plaster. Releases both progesterone and oestrogen through the skin.

Prevents pregnancy by:

- Stopping ovulation
- Makes it harder for the sperm to reach the egg
- Makes the lining of the womb thinner so that a fertilised egg is less likely to implant.

Over 99% effective **when used correctly.**

One patch is used continuously for seven days and changed on the eighth day every week for three weeks (21 days). After three weeks do not apply new patch for seven days. After the break continue four-week cycle again.

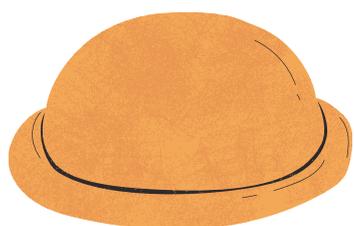
Diaphragms and Caps

Diaphragms are dome-shaped devices (made either of latex or silicone) that fit into the vagina and over the cervix. Caps are smaller, made of silicone, and need to be put directly over the cervix. Used only when having sex and need to be left in for at least six hours afterwards. Spermicide gel is also used.

Prevents pregnancy by:

- Stopping sperm from entering the uterus by covering the cervix
- Spermicide gel contains chemicals that kills sperm

Between 92-96% effective **when used correctly.**



### The Combined Pill: The Pill

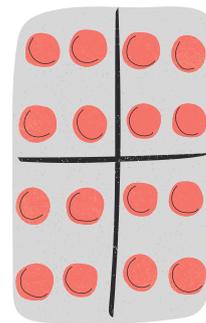
Tablets that contain the hormones oestrogen and progestogen and are taken orally.

Prevents pregnancy by:

- Stopping ovulation
- Makes it harder for the sperm to reach the egg
- Makes the lining of the womb thinner so that a fertilised egg is less likely to implant.

Over 99% effective **if taken correctly.**

Taken at the same time every day until the packet is finished, this is usually followed by a seven-day break, however guidelines (2019) confirmed that there is no harm in taking the pill continuously without a break. It is important to speak to a doctor or nurse to find out what is right for each individual.



### Progestogen only Pill: The Mini Pill

Tablets containing the hormone progestogen and is taken orally.

Prevents pregnancy by:

- Stopping ovulation
- Makes it harder for the sperm to reach the egg

Over 99% effective **if taken correctly.**

One pill is taken every day with no break. There are two types of progestogen-only pill, one the pill must be taken within three hours of the same time every day, the other the pill must be taken within 12 hours of the same time every day.



### Fertility Awareness Methods

Works by observing and recording the body's different natural signs each day of a monthly cycle to work out the most fertile time.

Main signs are:

- Recording body temperature
- Monitoring cervical secretions (cervical mucus)
- Calculating the length of the menstrual cycle

Changes in these fertility indicators help to identify fertile time.

Up to 99% effective if used correctly, however a specialist teacher should show how to record the signs and explain how to interpret the results.



### Sterilisation: Vasectomy and Tubal Occlusion

Permanent method of contraception, involving an operation.

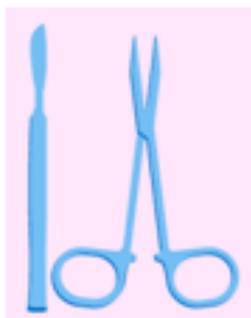
Prevents pregnancy by:

Stops the eggs and sperm meeting

Female Sterilisation (Tubal occlusion) is done by cutting, sealing or blocking the fallopian tubes, Women will still get periods, an egg will still be released but this will be absorbed naturally.

Male Sterilisation (Vasectomy) is done by cutting and sealing

Over 99% effective



### Emergency Contraceptive Pill: The Morning After Pill

This tablet, containing progestogen hormone, is taken orally, *after* unprotected sex and is taken orally.

Prevents pregnancy by:

- Delaying or stopping ovulation

Two main types:

- **Levonorgestrel (Levonelle, Upostelle)** is most effective when taken within 72 hours but can be taken up to 96 hours (4 days) - some services may only offer this option up to 72 hours (3 days) after unprotected sex.
- **Ulipristal Acetate (Ella One)** works by stopping progesterone (hormone produced in the ovaries) from working normally and prevents pregnancy by delaying or preventing ovulation. If taken within five days (120 hours) of having unprotected sex, it is almost 98% effective at preventing pregnancy.

The effectiveness of the emergency contraceptive pill can be reduced if the person taking it has a high body mass index (BMI) and is only effective if taken before the release of an egg from the ovary (ovulation).

The IUD can also be used as a form of emergency contraception.



This polyurethane condom lines the vagina and prevent pregnancy by:

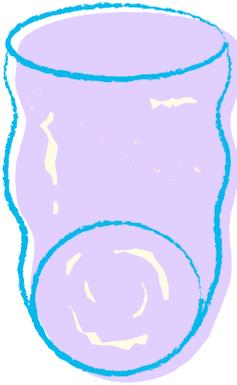
- Stopping the sperm contained in semen from coming into contact with the vagina (which could lead to fertilisation)

They prevent sexual fluids from being transferred between partners, providing protection against sexually transmitted infections too (STIs).

An internal condom can be inserted up to 8 hours before sex and can be used in conjunction with other methods of contraception e.g., pill, implant, injection

Over 95% effective when used correctly

Not always available from every sexual health clinic and can be expensive to buy.



### **How to use Internal Condoms**

1. Before opening, feel for the internal condom inside the packaging and push it to the side so that when you tear the packaging you do not tear the condom too
2. Take the condom out of the packet, ensuring there are no rips in it
3. Lie/squat down or put one leg on a chair - it is worth experimenting with putting the condom in to find the position that suits you best
4. Separate the labia (lips of the vagina) with one hand
5. At the closed end of the condom, squeeze the flexible inner ring (this stays in the condom) between your thumb and first finger, making it long and narrow and gently insert it into the vagina as far as it will go
6. Make sure that the large ring at the open end of the female condom covers the area around the vaginal opening
7. Make sure that the large ring at the open end of the female condom covers the area around the vaginal opening
8. With your middle finger gently push the inner ring as far up the vagina as you can so that it rests just above the pubic bone  
The Outer ring should hang outside the body - Don't worry if it's a bit loose that how it is meant to be
9. Make sure that the penis enters into the condom, not between the condom and the side of the vagina - it can help if you guide the penis into the vagina
10. After sex twist the outer ring of the condom, ensuring that all semen is kept inside the condom and gently pull out
11. Wrap the condom in tissue and put in the bin - do not flush down the toilet

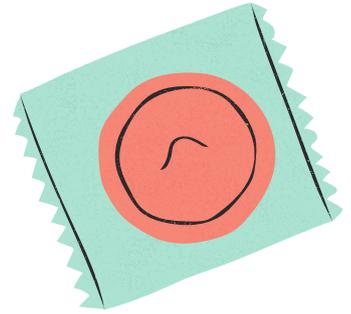
## Condoms

This is usually made of latex and prevents pregnancy by:

- Stopping the sperm contained in semen from coming into contact with the vagina (which could lead to fertilisation)

An external condom covers the penis and acts as a barrier between it and the mouth, vagina, penis and anus. This prevents sexual fluids from being transferred between partners, providing protection against sexually transmitted infections too (STIs)

Over 98% effective when used correctly



## **How to use Condoms**

1. Before opening, feel for the rib of the condom inside the packaging and push it to the side so that when you tear the packaging you do not tear the condom too
2. Open the packet and take the condom out
3. Unroll the condom a bit to check it is the right way round (it will only unroll if it is the right way round). Do this BEFORE the condom touches the penis
4. Pinch the tip of the condom between your thumb and forefinger to get rid of any air
5. Put it on the penis as soon as it is erect (hard) or on the sex toy before it goes near anyone's mouth, vagina or anus
6. Using the other hand roll the condom down the penis or sex toy all the way to the base
7. Consider the use of water-based lubricant (particularly if having anal sex), this can be applied directly to the anus, vagina or to the outside of the condom
8. After ejaculation, or sex has finished, hold the base of the condom until the penis is withdrawn and then take it off
9. Tie a knot in the condom, wrap in tissue
10. Throw away in the bin - do not flush down the toilet

There is also a short video [here](#)

[Brook Learn](#) have also produced an e-learning course on Contraception that can be accessed free of charge

# Sexually Transmitted Infections

A sexually transmitted infection (STI) is simply any kind of bacterial or viral infection that can be passed on through:

- Unprotected vaginal sex
- Unprotected anal sex
- Unprotected oral sex
- Genitals coming into contact with someone else's genitals
- Sharing sex toys without washing them or covering with a condom with each use

**Bacterial** - Can usually be treated and cured through a course of antibiotics

**Viral** - Can usually be managed and treated but not cured.

**Parasitic** - Can usually be treated

## Types:

### Chlamydia:

The most common STI in the UK, particularly in under 25 years old.

A bacterial infection, often with no symptoms.

Tested through either a urine or swab test (this is often done by the person being tested), results are usually available within two weeks.

It can take up to 2 weeks for the infection to show up on a test.

Treatment is either a single dose of antibiotics or a longer course. To prevent re-infection or passing the infection on sex should be avoided for seven days after treatment.

If left untreated Chlamydia can cause infertility. Women and people with womb or ovaries e.g., transgender men, are at risk of developing pelvic inflammatory disease (PID) and suffering damage to the fallopian tubes and Men and people with testicles can get an infection in their testicles.

### Gonorrhoea:

The second most common STI in the UK.

A bacterial infection that often shows no symptoms.

Tested through either a urine or swab test (this is often done by the person being tested)

It can take up to 2 weeks for the infection to show up on a test.

Treatment is an antibiotic injection and a single dose of tablets. A repeat test will be advised 2-4 weeks later to ensure the treatment has been effective. Sex should be avoided until the all-clear has been given. There is a strain of the infection that is resistant to certain antibiotics. All Health Professionals are aware of this and will ensure the correct antibiotics are given.

If left untreated Gonorrhoea can cause infertility in all genders.

## Syphilis:

Less common than other STIs but is on the rise.

A bacterial infection that develops in three stages but can be cured if treated early.

Stage 1 (Primary Syphilis) - The first symptom may appear 2-4 weeks after being exposed to the bacteria (it may be sooner or later). This symptom is a small painless sore that normally appears where the infection entered the body (this is called chancre, pronounced "shanker"). The sore normally heals and disappears after 2-6 weeks, some people ignore the sore or may not notice it.

Stage 2 (Secondary Syphilis) - This stage will begin a few weeks after the chancre has disappeared. Symptoms may include:

- A non-itchy rash, often on the palm or soles of your feet
- Small flat growths (like warts) around the vagina or anus
- Flu-like symptoms - headaches, fever, joint pain and tiredness
- Swollen glands in the neck, armpits or groin
- Weight loss
- White patches on the tongue or roof of the mouth
- Patchy hair loss

These symptoms may disappear after a few weeks of can come and go over a period of weeks or months. When the symptoms have disappeared the latent (hidden) phase begins - this can last for years.

Stage 3 (Tertiary Syphilis) - It is rare to reach this stage in the UK and of those that do only a third will experience serious symptoms.

This stage begins years or even decades after the first infection and the symptoms depend on where the infection has spread to:

- Skin rashes
- Numbness
- Paralysis
- Loss of coordination
- Blindness
- Deafness
- Stroke
- Dementia
- Heart disease

At this point, the infection is dangerous enough to cause death.

Testing is through an examination as the health professional looks for signs of the infection. If a chancre is found, then a swab may be taken of the area. Usually, Syphilis is tested for through a blood test.

It can take up to 3 months for the infection to show up on a test.

Treatment is usually a single antibiotic injection or a course of injections. If a person is allergic to penicillin a course of antibiotic tablets will be prescribed. Sex should be avoided until the all-clear has been given.

**HIV:**

Human Immunodeficiency Virus (HIV) is a viral infection that damages the body's immune system.

Some people will not experience any signs or symptoms of HIV. However, most people may experience a flu-like illness a few weeks after infection.

Symptoms can include:

- Fever (raised temperature)
- Body rash
- Sore throat
- Swollen glands
- Headaches
- Upset stomach
- Joint aches and pains
- Muscle pains

After this, people with HIV usually show no symptoms for several years. Tested through a blood test. It can take 4-6 weeks for an accurate result to show on a test. Some tests can give instant results, others can take a few days for the results to come back.

If a HIV test comes back as 'reactive', a confirmation test may need to be carried out.

There is no cure for HIV, but there are treatments available that enable people to live long, healthy lives. The earlier someone with HIV gets a diagnosis, the more likely further problems can be prevented. Most treatments involve taking anti-viral medications. Taking effective HIV medication sometimes enables the virus to become undetectable in the body, meaning it cannot be passed on to sexual partners. Research shows that in 2019 89% of people living with HIV were virally suppressed.

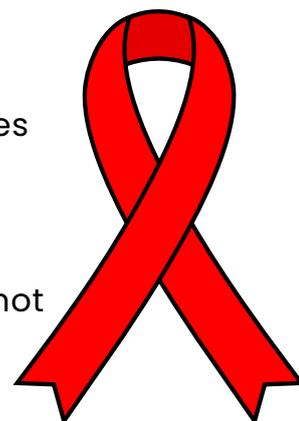
Without effective HIV treatment, the virus attacks and weakens the immune system. This makes the person with HIV more vulnerable to illness and infections that they would otherwise be able to fight off.

PrEP is a pill people can take before sex that offers complete protection from HIV. It is a very effective tool for people at risk of HIV, especially those who may find it difficult to use condoms every time. PrEP is available on the NHS.

If someone has been exposed to HIV in the last three days (72 hours) then a short course of anti-HIV medication (PEP) can prevent them from contracting the virus. This is available from local sexual health clinics and Emergency Departments.

AIDS (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that have happened when the immune system has been severely damaged by the HIV virus.

AIDS cannot be transmitted from one person to another - HIV can. With early diagnosis and effective treatment most people with HIV will not develop AIDS or any AIDS-related illness and will leave a near normal lifespan.



**Genital Herpes:**

A viral infection caused by Herpes Simplex (HSV). There are two types HSV1 and HSV2, both can infect the genital and anal area and also the mouth and nose (cold sores).

Most people with the virus do not get symptoms, but it may include:

- Flu-like symptoms such as fever, headache, aches and pains
- Stinging, tingling or itching in the genital or anal area
- Small fluid-filled blisters that appear anywhere in the genital or anal area, but also the buttocks or tops of thighs. These burst leaving small, red sores which can be very painful
- Pain when passing urine - due to the urine passing over the sores
- May have a vaginal or urethral discharge

The first outbreak usually last up to 2-4 weeks with sore generally healing within 5-10 days. The sores will scab and heal without scarring.

Testing can only take place when someone has or is starting to develop signs or symptoms. A health professional will look at the affected area and take a swab of the fluid from the blisters. Results are usually available up to 2 weeks after the test.

Genital Herpes will clear by itself. However, seeking treatment early can significantly reduce the time an outbreak lasts and help with the healing process. These antiviral tablets are taken daily for five days and work by preventing the virus from multiplying, they do not clear the virus from the body completely. As there is no cure, someone can have further outbreaks, but these are usually less severe and heal more quickly. Some things that can trigger an outbreak:

- Being unwell or run down
- Stress
- Certain times in a menstrual cycle
- Friction from sex or masturbation
- Sunbeds or sunbathing
- Tight non-cotton underwear
- Drinking and/or smoking too much

**Genital Warts:**

Caused by a virus named Human Papillomavirus (HPV). There are over 100 different types of HPV which affect different parts of the body. about 30 different types of HPV can affect the genital skin but 90% of genital warts are caused by two types of the virus (types 6 and 11).

Most people with the virus do not have any symptoms and it can be months or years before genital warts appear. If they do appear they can be on their own, or in clusters like a cauliflower. They are normally painless but sometimes become itchy and may become inflamed which can lead to some bleeding.

The HPV vaccine (offered to all 12 -13 years old) provides protection against some of the different types. It involves two doses, at least 6 months apart, both doses need to be had to be fully protected.

There is no test for genital warts, a health professional may diagnose after examining the area.

If someone has visible warts, they may be offered treatment - either a cream or a lotion to apply or freezing, heating or removing the wart - the type of treatment will depend on the type of wart. It can months for the treatment to work and for the warts to disappear. It is recommended that people avoid sex until the genital warts have fully healed.

Over time genital warts will go away without treatment but if left untreated they may also grow larger or multiply. They are rarely harmful to health but can look unpleasant and may cause discomfort.

**Pubic Lice:**

Small, crab-like parasitic insects which live on the pubic hair. Not necessarily a STI but are passed on through close body contact. Can take a few weeks to appear so may not be noticed immediately or show any symptoms. When they do appear, they are tiny (approx. 2mm) and difficult to see. Visually they are six-legged, with 2 larger legs like claws (which is why they are sometimes called 'crabs').

Signs and Symptoms can include:

- Itching in the affected area (caused by a reaction to the louse saliva)
- Black powder in the underwear (this is the droppings from the lice)
- Brown eggs on pubic or other body hair
- Irritation and inflammation in the affected area (sometimes caused by scratching)
- Sky-blue spots or very tiny specks of blood on the skin (caused by lice bites)

They can also be found on underarm, leg, back or facial hair. Eyelashes and eyebrows can also be affected but this is less common.

Testing is done by examining the areas with a magnifying glass to look for lice and their eggs. This is only done if Pubic Lice is suspected.

Without treatment Pubic Lice will not go away and may spread to other parts of the body. Treatment is completed at home using special types of insecticide lotions, creams and shampoo - these can be obtained on prescription or over the counter at a pharmacy.

**Trichomoniasis:**

Caused by a tiny parasite which infects the vagina and urethra in all genders.

Up to 50% of people infected will not experience any symptoms and those that do often confuse them with other STIs.

Testing can be through examination or a swab from either the vagina or penis or a urine test.

Trichomoniasis is easily treated with antibiotics that are taken for 5-7 days. The treatment is very effective but can make some people feel sick and cannot be mixed with alcohol - alcohol should be avoided for 48 hours after finishing the course of antibiotics.

The infection is not serious unless someone is pregnant- it can cause complications - it can still be safely treated.

Sex should be avoided until the all-clear has been given.

Brook Learn have also produced an e-learning course on Sexually Transmitted Infections that can be accessed free of charge



Testing is simple and painless (although it can be uncomfortable). A health professional will discuss what tests are required, this will depend of the answers given about medical and sexual history.

- When did you last have sex?
- Did you have any unprotected sex?
- Do you have any symptoms?

It is important that these questions are answered honestly as possible. The people who work in sexual health have seen and heard it all and are not judging anyone - they are here to help.

The test might involve:

- A urine sample
- A blood sample
- Taking swabs from the urethra (the tube where urine comes out)
- A vaginal swab (these are often self-taken)
- An examination of the genitals

Some people can feel nervous before having a STI test - there is no need to be. Remember:

- Staff working at sexual health are there to make people feel comfortable. It is their job to look at genitals
- Visits are confidential, this means that nobody else will be told about a visit, including parents, teachers and GPs - unless staff believe the person is at risk of harm
- Some clinics offer walk-in hours, where you can just walk in and be seen, others offer appointments with specific times.

If any tests come back to positive, the person will be invited back to the clinic for treatment. There will also be a conversation about previous sexual partners - to try and reduce the spread of the infection, this can be done either by the person who has tested positive or by the clinic - no names are shared if they clinic calls partners.

STIs testing is also available via the internet to test at home. It is important to check for the quality mark on the packaging and only use reputable organisations.

This [video](#) from The Mix can be shown to young people to demonstrate what happens when they attend for a sexual health test.

# THE LOCAL PICTURE – STAFFORDSHIRE V NATIONAL STATISTICS

27

In **Staffordshire** there were 3,393 new STIs diagnoses in 2020 (384/100,00). Lower than England (562/100,000), similar average to other similar areas (375/100,000) (2020)



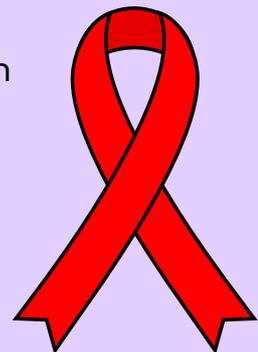
**Staffordshire's** Chlamydia rate for young people aged 15-24 was **higher** than the rate for England (1,317/100,000 vs 1,408/100,000) (2020)

**Staffordshire's** Gonorrhoea diagnoses (indicator for high levels of risky sexual behaviour~) was **lower** than the rate for England (67.7/100,000 vs 101/100,000). Ranking the county 73rd highest in the country out of 149 (2020)

**Staffordshire's** testing rate for HIV (in Sexual Health Services) for those eligible was 33.2% this is **considerably lower** than the rate for England (46.0%) (202)

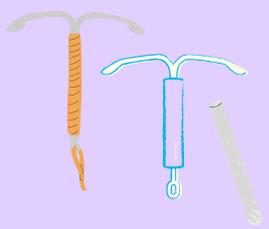
The number of new HIV diagnoses among people aged 15 years and above in Staffordshire was 17 in 2020. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2020 was 0.9, **lower** than the rate of 2.3 in England. The rank for HIV prevalence in Staffordshire was 125th highest out of 148.

In Staffordshire, in the three year period between 2018 – 20, the percentage of HIV diagnoses made at a late stage of infection (all individuals with CD4 count  $\leq 350$  cells/mm<sup>3</sup> within 3 months of diagnosis) was 48.9%, **similar** to 42.4% in England.



The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed per 1,000 women aged 15 to 44 years living in Staffordshire was 7.6 in 2020, **lower** than the rate of 34.6 per 1,000 women in England.

The rate prescribed in primary care was 0.8 in Staffordshire, **considerably lower** than the rate of 21.1 in England. The rate prescribed in the other settings was 6.8 in Staffordshire, **lower** than the rate of 13.4 in England.



The total abortion rate per 1,000 women aged 15 to 44 years in 2020 was 18.0 in Staffordshire, **lower** than the England rate of 18.9 per 1,000. Of those women under 25 years who had an abortion in 2020, the proportion who had had a previous abortion was 30.2%, **similar** to 29.2% in England.

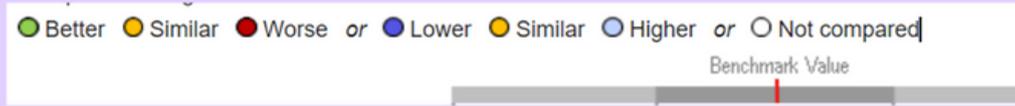
In 2019, the conception rate for under-18s in Staffordshire was 15.9 per 1,000 girls aged 15 to 17 years, **similar** to the rate of 15.7 in England.

In 2019/20, the percentage of births to mothers under 18 years was 0.7%, **similar** to 0.7% in England overall.

Figure 1. Chart showing key sexual and reproductive health indicators in Staffordshire compared to the rest of England

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the West Midlands UKHSA Centre.

Compared to England:



Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	2,136	391.1	619.0	3,547.0	247.2
Syphilis diagnostic rate / 100,000	2020	61	6.9	12.2	147.9	0.0
Gonorrhoea diagnostic rate / 100,000	2020	598	67.7	100.9	1,024.2	9.8
Chlamydia detection rate / 100,000 aged 15 to 24	2020	1,231	1,316.7	1,408.4	547.8	3,407.9
Chlamydia proportion aged 15 to 24 screened	2020	10,696	11.4	14.3	4.1	36.5
STI testing rate (exc chlamydia aged <25) / 100,000	2020	19,072	3,491.7	4,549.3	940.6	19,881.8
New HIV diagnosis rate per 100,000 aged 15 years and over	2020	17	2.3	5.7	27.5	0.0
HIV late diagnosis (all CD4 less than 350) (%)	2018 - 20	22	48.9	42.4	72.7	16.7
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2020	427	0.9	2.3	13.1	0.5
HIV testing coverage, total (%)	2020	3,676	33.2	46.0	12.0	85.8
Total abortion rate / 1,000	2020	2,660	18.0	18.9	31.1	11.4
Abortions under 10 weeks (%)	2020	2,360	89.1	88.1	79.9	93.8
Under 18s conception rate / 1,000	2019	212	15.9	15.7	37.1	3.9
Total prescribed LARC excluding injections rate / 1,000	2020	1,120	7.6	34.6	5.3	60.9
Violent crime - sexual offences per 1,000 population	2020/21	1,395	1.6	2.3	1.0	4.4

As a response to the COVID-19 pandemic, since March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider these factors, especially when comparing with data from pre-pandemic years.

# THE LOCAL PICTURE – STOKE ON TRENT V NATIONAL STATISTICS

In **Stoke on Trent** there were 1,308 new STIs diagnoses in 2020 (510/100,000). **Lower** than England (562/100,000), **higher** than the average to other similar areas (482/100,000)



**Stoke on Trent's** Chlamydia rate for young people aged 15-24 was **higher** than the rate for England (1,214/100,000 vs 1,408/100,000)

**Stoke on Trent's** Gonorrhoea diagnoses (indicator for high levels of risky sexual behaviour) was **higher** than the rate for England (124/100,000 vs 101/100,000). Ranking the county 32nd highest in the country out of 149 (2020)

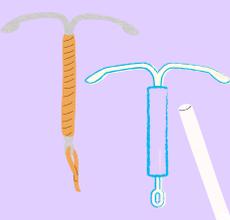
**Stoke on Trent's** testing rate for HIV (in Sexual Health Services) for those eligible was 31.8% this is considerably **lower** than the rate for England (46.0%)

The number of new HIV diagnoses among people aged 15 years and above in Stoke-on-Trent was 7 in 2020. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2020 was 2.2, similar to the rate of 2.3 in England. The rank for HIV prevalence in Stoke-on-Trent was 59th highest out of 148.



In Stoke-on-Trent, in the three year period between 2018 - 20, the percentage of HIV diagnoses made at a late stage of infection (all individuals with CD4 count  $\leq 350$  cells/mm<sup>3</sup> within 3 months of diagnosis) was 48.1%, similar to 42.4% in England.

The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed per 1,000 women aged 15 to 44 years living in Stoke-on-Trent was 22.8 in 2020, **lower** than the rate of 34.6 per 1,000 women in England. The rate prescribed in primary care was 13.6 in Stoke-on-Trent, **lower** than the rate of 21.1 in England. The rate prescribed in the other settings was 9.3 in Stoke-on-Trent, **lower** than the rate of 13.4 in England.



The total abortion rate per 1,000 women aged 15 to 44 years in 2020 was 22.5 in Stoke-on-Trent, **higher** than the England rate of 18.9 per 1,000. Of those women under 25 years who had an abortion in 2020, the proportion who had had a previous abortion was 28.9%, similar to 29.2% in England.

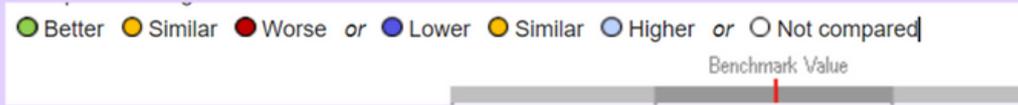
In 2019, the conception rate for under-18s in Stoke-on-Trent was 26.3 per 1,000 girls aged 15 to 17 years, **higher** than the rate of 15.7 in England.

In 2019/20, the percentage of births to mothers under 18 years was 1.1%, **higher** than 0.7% in England overall.

Figure 1. Chart showing key sexual and reproductive health indicators in Stoke-on-Trent compared to the rest of England

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the West Midlands UKHSA Centre.

Compared to England:



Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	914	562.3	619.0	3,547.0	247.2
Syphilis diagnostic rate / 100,000	2020	35	13.6	12.2	147.9	0.0
Gonorrhoea diagnostic rate / 100,000	2020	318	123.9	100.9	1,024.2	9.8
Chlamydia detection rate / 100,000 aged 15 to 24	2020	387	1,214.1	1,408.4	547.8	3,407.9
Chlamydia proportion aged 15 to 24 screened	2020	3,327	10.4	14.3	4.1	36.5
STI testing rate (exc chlamydia aged <25) / 100,000	2020	6,728	4,139.1	4,549.3	940.6	19,881.8
New HIV diagnosis rate per 100,000 aged 15 years and over	2020	7	3.4	5.7	27.5	0.0
HIV late diagnosis (all CD4 less than 350) (%)	2018 - 20	13	48.1	42.4	72.7	16.7
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2020	321	2.2	2.3	13.1	0.5
HIV testing coverage, total (%)	2020	1,849	31.8	46.0	12.0	85.8
Total abortion rate / 1,000	2020	1,080	22.5	18.9	31.1	11.4
Abortions under 10 weeks (%)	2020	965	89.8	88.1	79.9	93.8
Under 18s conception rate / 1,000	2019	104	26.3	15.7	37.1	3.9
Total prescribed LARC excluding injections rate / 1,000	2020	1,095	22.8	34.6	5.3	60.9
Violent crime - sexual offences per 1,000 population	2020/21	728	2.8	2.3	1.0	4.4

As a response to the COVID-19 pandemic, since March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider these factors, especially when comparing with data from pre-pandemic years.

**All local data is provided by the UK Health Security Agency (USHSA), with support from the Office for Health Improvement and Disparities (OHID) published January 2022. Please note the consideration around data in view of the COVID-19 restrictions which impacted on sexual behaviours.**

# Local Services:

Some GP Surgeries will offer sexual health services, but these will vary from practice to practice.

## Sexual Health Clinics

Open Clinics provide Sexual Health Clinics across Stoke on Trent and Staffordshire.

Details of their services, opening times, locations and appointment system can be found on their [website](#).

Telephone number - **0808 178 0955**

## C-Card

In Staffordshire the service is available to 13-24 years old and in Stoke on Trent for anyone aged 13 years and above.

The C-Card is a service that allows quick, free and easy access to condoms from a range of places e.g., some schools, colleges, shops, clinics and pharmacies.

Details of registration and distribution sites can be found [here](#)

The team also deliver a presentation suitable for young people aged 14+ (year 10+) to promote the Sexual Health Services and C-Card. There is an opportunity for young people to sign up to the C-Card as part of the session.

Staff can also be trained to become C-Card distribution and/or registration points within their own organisation.

To contact the team, you can:

Call 0808 178 0955, option 7 (all areas)

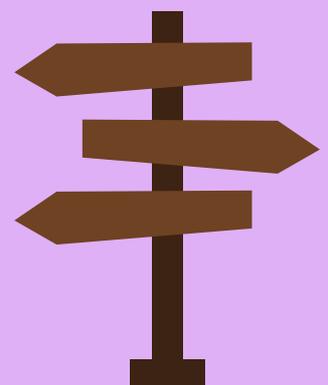
If you are based in Cannock, East Staffordshire, Lichfield, Stafford, South Staffordshire and Tamworth please [email](#)

For Stoke on Trent, Moorlands, and Newcastle [email](#)



# National Organisations:

- SH:24: Provides 16+ living in Stoke and Staffordshire with online testing kits for Chlamydia, Gonorrhoea, HIV and Syphilis
- LIVLife: Developed with people living with HIV. The website provides trusted information based on current research and insight from HIV communities (including individuals who wish to share their story)
- Terrace Higgins Trust: The UK's leading HIV charity provides information, support and resources for people living with HIV and those newly diagnosed
- Chiva: Their mission is to ensure that children, young people and families living with HIV become healthier, happier and more in control of their own futures.
- Positively UK: A Peer-led support, advocacy and information service to everyone living with HIV to help them to effectively manage any aspect of their diagnosis, care and life with HIV



Where a safeguarding concern exist, please speak with your organisation's safeguarding lead and refer to Children's Social Care (number are available in Useful Safeguarding Contacts).

The risk factor matrix form does not replace or act as a referral to Social Care but potentially provides additional evidence of concerns.

## **Staffordshire:**

A crib sheet has been created by Staffordshire County Council to support professionals to refer children and young people into the appropriate services via the current processes if sexual exploitation is a concern.

## **Stoke on Trent:**

The referral pathway for Stoke on Trent can be located here

It is essential that the Child Exploitation Risk Factor Matrix is completed as this supports your decision making process – this is also the referral form for Catch22

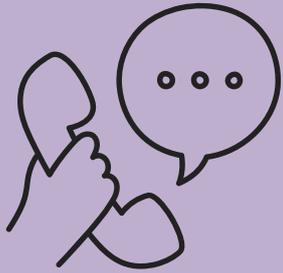
Good practice tips when completing RFM's:

- The RFM should be reviewed every 6–8 weeks or when there is a significant change in risk (this also means for Medium and High risk a new RFM is required for each bi-monthly MACE Panel).
- Professionals are asked to complete this as part of a multi-agency group working around a child so these are not done in isolation and all are aware of who is leading on the reviews of the RFM and contributing to the detail within it.
- Where appropriate, complete the RFM with the child and family.

If a police response is appropriate, for example to enable some form of disruption or to build intelligence about specific networks please also complete the Staffordshire Police Child Exploitation Information Report



## Contacts:



**If you have any safeguarding concerns, please contact:**

Staffordshire Child Exploitation Team -  
[CSEinbox@staffordshire.gov.uk](mailto:CSEinbox@staffordshire.gov.uk)

Stoke Child Exploitation Team -  
[childexploitation@stoke.gov.uk](mailto:childexploitation@stoke.gov.uk)

**If a referral to Children's Social Care is required please contact:**

**Staffordshire:**

Staffordshire Children's Advice Service - 0300 111 8007  
Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm  
Out of Hours - 0345 604 2886 / 07815 492613

**Stoke:**

CHAD - 01782 235 100

Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm  
Out of Hours - 01782 234 234

# Further Reading:

[Brook - Contraception](#)

[Brook - Sexually Transmitted Infections](#)

[NHS - Your Contraception Guide](#)

[NHS - Sexually Transmitted Infections](#)

[Open Clinic](#)

[Natsal -3: Sexual Attitudes and Lifestyles in Britain](#)

[National AIDS Trust](#)

[Official Statistics STIs and screening for Chlamydia in England: 2021 report](#)

[Why the use of scare tactics to promote sexual health for youth may backfire](#)

[Nature, Decay, and Spiralling of the Effects of Fear-Inducing Arguments and HIV Counselling and Testing: A Meta-Analysis of the Short- and Long-Term Outcomes of HIV-Prevention Interventions](#)

Date	Changes	Made by
November 2022	Pack first published	Ellie Chesterton Natalie McGrath
April 2024	<ul style="list-style-type: none"><li>• Logo added to front page</li><li>• Length of time IUS is effective for update from 3- 5 years depending on type to last up to 8 years. This is due to Mirena IUS licence change</li><li>• A &amp; E department changed to Emergency Department</li><li>• Ellie's email address updated</li></ul>	Natalie McGrath

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With thanks to our Partners

