

Fighting Condomophobia

Some years ago I went on a guided tour of Egypt. One of the British tourists in our group asked our knowledgeable and proud young Egyptian guide whether she gave credence to the theory that aliens had arrived on Earth to assist the ancient Egyptians to construct their pyramids and tutor them in their relatively advanced medical and surgical interventions. Understandably our guide could not conceal her annoyance and tartly observed that this was a typical question from a someone whose ancestors were dwelling in caves and rudimentary shelters while ancient Egypt was built.

Condoms can be traced to the ancient Egyptians who are believed to have used a linen sheath for prevention from disease and pregnancy around 1000 BC.

Were we to be visited by aliens today they would be bewildered and perhaps amused by our confused and contradictory relationship with the condom which equates to a collective 'condomophobia'.

Used correctly and consistently, condoms are still one of the best ways of preventing STIs, HIV and unwanted pregnancies. In spite of their effectiveness condoms are seen by the British as a source of embarrassment and shame.

A recent survey commissioned by the Body Shop and MTV, found that 92% of women did not include condoms as an essential item for their handbags. In this edition of SHINE we report on the Government campaign 'Condom EssentialWear' which aims to make carrying and using a condom the norm amongst 18 to 24 year olds in the same way as they might carry a mobile phone or lipstick. Some of you may be surprised, to hear about the hurdles which had to be negotiated for this campaign to be aired on our television screens.

The Broadcasting Advertising Clearance Centre (BACC) is a specialist body responsible for examining TV advertising prior to transmission and giving final clearance. The organisation, funded by broadcasters, has a series of restrictions in its guidance on the advertising of condoms on television. For example, the guidance states: "Shots of unwrapped products are not usually acceptable and may, if accepted at all, be

Free to Sexual Health Workers in England

restricted to late night transmissions, e.g. post 2230h. Pack shots are acceptable, provided there is nothing on the pack which would be likely to cause offence."

What, you might ask, can possibly be so offensive about an object which prevents STIs, HIV and unwanted pregnancies?

The guidance further suggests how to avoid offence to viewers who are opposed to the use of contraceptives on religious grounds: "advertisements for branded contraceptives should not suggest or imply that casual or promiscuous behaviour is in order as long as a contraceptive is used," and there should be nothing in the advertising to suggest that, "the relationships portrayed are anything other than stable and well established."

Surely people involved in so called 'casual' or 'promiscuous' sexual behaviours are the very people we should be targeting our advice about condom use? These restrictions are placed on images of condoms yet there are no such restrictions on the offensive sexualisation of women in advertising or, any social responsibility when showing condoms in dramas.

Let me give you two examples.

Some weeks ago there was an ITV drama called 'The Bad Mother's Handbook' which was aired at 9pm. Within the first few minutes of the drama we saw a used condom displayed on our television screens. The condom had failed and the storyline was about a young woman's subsequent pregnancy and her tumultuous relationship with her mother. During the advertising break viewers were then invited to try a new microwaveable burger. The advert showed a young couple returning from a night out. The woman was uncomfortable and wary as she sat on the sofa with her coat buttoned to the neck. The man moved into the kitchen where he put a burger into the microwave and set the timer. The sofa is then shown rotating and by the time the burger is heated up the young woman is lying provocatively on the sofa wearing only lingerie. A voice over says: "If only everything was 0 to tasty in 70 seconds."

Advertising which shows images of unwrapped condoms is generally not

Continued on page 2.....

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acceptable for fear of giving offence. Yet adverts which objectify women as pieces of meat are acceptable. Advertising showing unwrapped condoms and explanations on how to use them – and the fact that they can prevent disease and unwanted pregnancy - are not acceptable. Dramas showing condoms unwrapped and failing are completely acceptable.



The Independent Advisory Group on Sexual Health and HIV will be contacting the BACC to discuss the restrictions on condoms on the basis that they are outdated and restrict our ability to get across safer sex messages about condom use. In the meantime we at SHINE would like to hear your views about the subject which we will pass onto the group.

Steve Slack

Nursing conference inspire leadership

The Sexual Health Team at the Department of Health and the National Support Team for Sexual Health funded and hosted two conferences; *"Desire and Inspire"* - 'Realising the leadership potential of sexual health nurses', in London and Birmingham in February. The conferences were a great success and were very well attended.

Delegate evaluations reflected the quality of presentations at the conference, which included *"Nurse Power: The positive way to make a difference"* by Angela Star, Nurse Team Leader in Contraception and Sexual Health in Gateshead PCT and *"Stars and Stripes: What can we learn from sexual health services in the USA?"* by Claire Tyler, Nurse Consultant in GUM at Barts and the London NHS Trust. Professor Christine Beasley, Chief Nursing Officer for England gave the welcome address at the London event on *"Modernising Nursing Careers and leadership in sexual health nursing,"* which was most welcomed by the audience.

After conference comments by delegates included: *"Thought provoking," "Fabulous and very interesting," "Desire and Inspire has refreshed me," "Excellent presentations, very relevant to practice. The day was well organised and enjoyable," "Excellent, hard to believe it was free" and "Inspirational nursing leadership."*

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Contraception, not Abstinence, the way to reduce teenage pregnancies

The Independent Advisory Group on Teenage Pregnancy has welcomed research from the United States which shows that contraception, not abstinence, is the way to bring down teenage pregnancy rates. Researchers from Columbia University and the Guttmacher Institute examined the role of abstinence and contraceptive use in the "remarkable decline" in US teenage pregnancy rates, which dropped by 27% from 1991 to 2000.

They found that 86% of the decline in teen pregnancy was due to improved use of contraception, with increased use of the pill and condoms. Only 14% of the drop amongst 15-19 year-olds was linked to reduced sexual activity, according to the study, published in the American Journal of Public Health (30 November 2006).

Gill Frances, Chair of the Independent Advisory Group on Teenage Pregnancy, which advises government and monitors implementation of the Teenage Pregnancy Strategy, said this was a major finding. *"This confirms that we are on the right track in this country, that providing young people with good information, advice and contraceptive services, is the way to reduce teenage pregnancy. It is a myth that abstinence is a better approach and this US study confirms it."* Gill added: *"We know what works. We must keep our focus and ensure that young people have good access to local contraceptive services. Teenage pregnancy rates are coming down in many areas, but we need to make sure all local authorities are doing equally well."*

'Explaining Recent Declines in Adolescent Pregnancy in the United States: the Contribution of Abstinence and Improved Contraceptive Use' - American Journal of Public Health, 30 November 2006.

Contact: www.dfes.gov.uk/teenagepregnancy

New website targets gay men's needs



GMFA has launched the first national, comprehensive sexual health website specifically designed for gay men (www.gmfa.org.uk/sex).

Three quarters of all HIV infection acquired in the UK occurs in gay and bisexual men yet, until now, online resources that specifically target this group have been severely limited. In a survey of 16,000 homosexually active men, 47.2% felt they needed to know more about sexual health and HIV. Of those, 67.8% said they would like to obtain that information from a website compared with only 15.9% willing to talk to someone at their GP surgery.

"Gay men have specific needs when it comes to talking about sex, so we've created a site that's just for them. As the only UK charity dedicated to gay men's health, we have used our experience, volunteer feedback and current research to develop a much needed resource," said Matthew Hodson, GMFA's Head of Programmes.

At the end of March the website will be developed to include specific issues for HIV+ve gay men (www.gmfa.org.uk/positive) and sports and social groups for lesbians and gay men (www.gmfa.org.uk/the_guide)

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Flower project blooms



The Flower 125 Health Programme is a multi-agency project, which delivers health workshops to vulnerable young people aged 10-16. The project commenced in 1998 with a 12-week pilot delivering workshops on a variety of topics including sexual health, alcohol, healthy eating, smoking, stress and relaxation. The programme's

philosophy is to raise self-esteem using a model of giving praise and rewards while ignoring poor behaviour.

At least two staff facilitate the workshops. One is responsible for running the activities while the other monitors the behaviour of the group and praises specific behaviour that the group as a whole has agreed to encourage. Poor behaviour is simply ignored. At the end of the session the young people select one of their group to receive a reward.

Evaluation of the programme has shown that there is significant increase in knowledge of health issues. Behaviour also shows a marked improvement.

There are staff trained to run the programme in many secondary schools, residential homes for looked after children, and pupil referral units in Sheffield. There is a strong link between the Flower 125 Programme and schools achieving a successful Ofsted inspection, National Healthy School Status and the 'Being Healthy' theme of 'Every Child Matters'.

In March 2005 the 125 Health Programme won two awards at the South Yorkshire Health and Social Care Awards. The programme was in a national short-list of 10 for the prestigious Mentor Alcohol Award last September.

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Building experience around young people's sexual health

Professionals working with young people can now access a wide range of information about young people's sexual health by joining Brook Exchange, a new scheme established by Brook, the sexual health charity for young people.



Members of the scheme receive quarterly newsletters with details of the latest legal developments, good practice examples and news from across the Brook network. They also benefit from discounted rates for Brook training and conferences and have access to a password-protected area of the Brook website containing free research and other resources, as well as an 'Ask the Experts' service for individual replies to professional queries.

Membership of Brook Exchange costs £50 for annual individual membership, £70 for voluntary organisations, and £100 for non-voluntary organisations.

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www.brook.org.uk

Government must act to protect sexual health services, says advisory Group

Sexual health services are at risk in the structural changes underway in the NHS unless action is taken, warns the Independent Advisory Group (IAG) on Sexual Health and HIV in its annual report.

The Government should ensure sexual health services are protected and that commissioning of services is reviewed on a national basis. Strong and co-ordinated local leadership for sexual health commissioning must be put in place.



The report's recommendations include ensuring that each PCT has a public health specialist reviewing the sexual health needs of the population and advising the PCT Board on action. The report also recommends that SHA Directors of Public Health, the HPA and the Faculty of Public Health work together to inform local commissioning.

"We recognise that there are many benefits to the new commissioning structure and the modernisation initiative, not least in terms of encouraging innovative solutions to local problems," said Baroness Gould, Chair of the IAG on Sexual Health and HIV. *"We applaud the shift to an increasingly local approach to healthcare provision but are not convinced that sexual health services will benefit unless more work is done to guarantee that the population's needs will be met."*

"While this Government has done more than any other since the 1980's to support sexual health, this is not necessarily reflected at local level. Experience has taught us that sexual health services can be a 'soft target' for PCT cuts, most recently when most of the £300 million 'Choosing Health' funding did not reach its intended target. Strong leadership for sexual health services at a local level must be in place otherwise they may not be adequately represented when local commissioning takes place. This is especially important for contraceptive services which are particularly vulnerable."

Contact: www.dh.gov.uk

Workforce review underway in Manchester

Greater Manchester Sexual Health Network has commissioned Lesley Greenhalgh, lecturer in Adult Nursing at the University of Salford and member of the Government's Independent Advisory Group on Sexual Health, to undertake a workforce review on their behalf. The aim of the project is to determine what future nursing and support staff needs will be in line with the national strategy for sexual health.

Speaking on her appointment Lesley Greenhalgh said: *"The Greater Manchester Sexual Health Network is working with local organisations and key stakeholders to implement the National Sexual Health Strategy and meet the challenging targets for improved performance in sexual health. A key component of achieving the strategy and targets are the future workforce, and their training and education needs."*

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Texting initiative launched in Lincolnshire

Young people in Lincolnshire can now text an adviser for confidential information and advice about relationships and sexual health, thanks to a new pilot scheme launched by Lincolnshire Tackling Teenage Pregnancy team in partnership with Connexions. Experienced advisers will provide one to one support to young people under 19 years in Lincolnshire using information about local services.

Young people can text 84465, which spells out 'THINK' on their mobile phones, with questions and concerns about relationships and sexual health, including how to avoid peer pressure, what words mean and where to go for local help and support. The service operates between 8 a.m. and 8 p.m., costing the standard text rate for the phone service provider. Any messages received after 8 p.m. are picked up at 8 a.m. the following day.

Lincolnshire's Tackling Teenage Pregnancy team will work closely with the advisers to ensure that any national and local campaigns are reflected in the information given. The advisers will be able to provide information about the sort of issues that are concerning young people in Lincolnshire, which will advise on future action planning in relation to service development.

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Faith, homophobia and human rights

A conference was held in London in February looking at issues of faith, homophobia and human



rights. Speakers included Lord Smith (former Secretary of State for Culture, Media and Sport), as well as Vic Codling of the Gay Police Association, the Reverend Giles Fraser, broadcaster and Guardian columnist and Arputta Dutt, chair of the London anti-racist Alliance. Ali Hilli an Iraqi LGBT activist received a standing ovation after a passionate and disturbing account of the persecution of gay men and lesbians in post war Iraq.

Conference organiser, Revd Richard Kirker of the Lesbian and Gay Christians Movement (LGCM), commented: "Members of the world's six largest religions, as well as humanists, secularists, agnostics, and atheists, from a wide variety of political parties, trade unions, and community groups drawn from the whole of Britain, showed they wanted to work more closely together in the face of threats from religious fundamentalists."

A statement ratified by 250 people attending the one day conference and representing over 50 organisations concluded: "We believe that full civil rights for LGBT individuals are not only consistent with the right to religious freedom but are rooted in the best fundamental teachings of all major faiths; love justice, compassion and mercy, such values being showed by all who seek the common good."

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Revd Martin Reynolds Tel: 01633 215841
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Normative approach to SRE

High risk or potentially harmful behaviour such as substance misuse, alcohol use, sexual risk taking behaviours and perceived behaviour amongst peers is often thought to be the norm by young people when in reality healthy behaviours are most typical, delegates from across the UK were told at conferences in Sheffield and London.

The conferences explored issues related to Sex and Relationship Education (SRE) through using a normative Approach, which has been developed in the USA by Professor Wesley Perkins, from Hobart and William Smith College (New York).



Speakers at the Sheffield conference

Perkins, a keynote speaker at both events hosted by the Centre for HIV & Sexual Health in Sheffield and the National Children's Bureau in London,

highlights social norms as fundamental to encouraging positive behaviour. The model is based on people's desire to conform to dominant group patterns but those patterns are usually misperceived as high risk behaviours, when, in reality, healthy behaviours are most typical. This misperception influences young people's decision-making.

Professor Perkins maintains that if young people are made aware the majority of young people are exhibiting responsible behaviour then more will be encouraged to make positive choices. This model has been successfully deployed to enhance behaviour change in students across the States around a variety of issues including use of alcohol and tobacco and bullying.

Speaking at the conference Professor Perkins, said: "Providing young people with just the biological facts about an issue or trying to use scare tactics does not have a lasting impression on a young person's behaviour. Having information, knowledge and facts about an issue can help but this will also need to be delivered with an emphasis on revealing positive norms and values among peers. The social norms approach has been developed to promote emotional and social development and health and wellbeing amongst communities. By telling young people or members of a community what the actual norms are and by exposing the myths, over time this will have an impact on behaviour and help people realise what is the actual norm as opposed to the perceived norm."

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Cash boost for HIV health promotion

An extra £1 million is to be invested in work to tackle the rise in HIV cases amongst gay men and African communities in this country, Public Health Minister Caroline Flint announced.

The money will be used by the Terrence Higgins Trust and African HIV Policy Network on projects to strengthen HIV prevention and reduce transmission rates amongst these most at risk groups.

**Contact: Department of Health www.dh.gov.uk
Tel: 020 7210 4850.**

Pull on your 'Essential Wear' says campaign

A hard-hitting new £4million sexual health campaign is urging sexually active young adults to make condoms 'Essential Wear' when they are out on the 'pull'.

Sexually transmitted infections (STIs) such as chlamydia are spreading fast among 18 to 24 year olds. However, while 90% of girls and 70% of boys own a pair of special 'pulling pants' when they hit the town, fewer than 20% carry a condom which means more than 80% of 18 - 24 year olds are putting themselves at risk of an STI.



Television, magazine and radio ads supported by on-line advertising specifically targeting young men and women who are most at risk of infection. The TV ad shows couples getting together in scenarios where the name of an STI is clearly displayed on their clothing or jewellery, highlighting the stark reality that these infections are not easy to spot. Images used in the magazines and on-line advertising continue this theme, while radio adverts focus on the physical consequences of catching an STI.

Launching the campaign Public Health Minister Caroline Flint said: "Improving the nation's sexual health is a key Government priority and we are boosting investment in sexual health services to help drive down the number of cases of STIs. STIs such as chlamydia are on the increase amongst 18 to 24 year-olds and it is vital that we deliver strong messages about using condoms to prevent them. The aim of this campaign is to make carrying and using a condom among this age group as familiar as carrying a mobile phone, lipstick or putting on a seat-belt. This is not about encouraging promiscuity, but saying to those who are already sexually active: sex without a condom is seriously risky, so always use one."

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Email: Rebecca.Humphreys@dh.gsi.gov.uk
www.dh.gov.uk or www.condomessentialwear.co.uk

Sex comes to the City



Amora claims to be the world's first visitor attraction dedicated to giving visitors a deep understanding of love, sex and relationships.

Amora will open its doors to the public on April 4th 2007 in London's Piccadilly with the launch of a three month exhibition; the World Premiere of 'Amorgasm' an orgasm tunnel where visitors experience what happens inside the body and brain during orgasm.

Dr Kevan Wylie, General Secretary of the European Federation of Sexology commented: "I am pleased to support the launch of Amora. Anything that helps people to have the confidence to share ideas, desires and wishes with their partners must be welcomed and encouraged. People need to know the options open to them and get information to be able to make informed decisions. It's high time there's a leading London venue that communicates this information in a responsible and engaging manner. London, and indeed the rest of the UK, will be better off for it."

Contact: www.amoralondon.com

Launch of new subject association for PSHE

A new subject association has been launched to champion the quality of teaching and learning in PSHE, which can have a big impact on the health and well-being of children and young people.

Schools Minister Andrew Adonis launching the new Personal, Social and Health Education (PSHE) Association in a reception at the House of Lords said:



Andrew Adonis MP

"High quality PSHE provision is a vital means of tackling important problems including childhood obesity, teenage pregnancy and alcohol abuse. But PSHE is also where children and young people discover ways of enriching their lives through healthy eating and exercise, building positive personal relationships and becoming active in their communities."

He said that employers are increasingly emphasising the value of young people learning "soft skills" such as the ability to relate to colleagues and customers and added: "Among its many functions, I envisage the PSHE Association supporting the professional development of practitioners, building effective networks of subject experts and spreading best practice."

With over 1,000 members, the new Association's website (www.pshe-association.org.uk) has already provided a readily accessible resource available to anyone involved in PSHE. The Qualifications and Curriculum Authority has developed a key role for PSHE in their new proposed secondary curriculum.

Contact: Department for Education & Skills
Email: info@dfes.gsi.gov.uk www.pshe-association.org.uk

New sexual health service in Gateshead

Capital funding from the Strategic Health Authority and revenue funding from the Department of Health's 'Choosing Health' allocations assisted Gateshead PCT in developing a new Genito-Urinary Medicine (GUM) service.

The need to develop a GUM service in Gateshead was highlighted as a priority given the area's population size, pressure placed on other service providers and levels of deprivation and health inequalities.

Staff from Gateshead PCT worked with Design Options (specialists in the provision of technical assistance to sexual and reproductive health services) in designing a service felt to be feasible and realistic to deliver. The service also aimed to prioritise and respond to the needs of Gateshead residents and potential service users from neighbouring areas.

Throughout the summer of 2006 a series of workshops, interviews, surveys and design exercises involving service users and PCT practitioners took place. By the end of the consultation phase over 1200 residents of Gateshead had given their views about what they wanted from a new, local, integrated sexual health and GUM service.

Contact: Sue Shilling, Head of Public Health Operations or Sheron Robson, Manager of Sexual Health Services, Gateshead PCT Tel: 0191 490 1699

Exploring masculinity in Somerset



A group of young men in Somerset have been encouraged to explore issues of masculinity and were given an opportunity to challenge negative images of men which they all experience. The initiative was

established jointly between Mark Withers, a boys and young men's development worker and Sam Moon, a youth worker for Somerset County Youth Service. A set of posters challenging stereotypes about masculinity were produced.

Sam Moon commenting on the project said: *"Young men, regardless of their background or culture, are learning and practising masculine roles and trying to understand what it means to be a man. Frequently influenced by peer pressure, the common routes to 'becoming a man' usually lead to taking risks and are often negative and anti-social. This confusing minefield of 'what a man is' can lead to young men engaging in behaviours such as aggression, homophobia, violent crime, unsafe sex, early parenthood, low self esteem, depression and suicide."*

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Fall in teenage pregnancy rates

Figures published by the Office of National Statistics in February 2007 show teenage pregnancy rates overall are continuing to fall – the rates for under 18s are at their lowest level for 20 years.

The published figures relate to teenage pregnancy rates in 2005. Since then there has been a major review of the strategy and a detailed analysis of the performance of each Local Authority. As a result, each had been required to re-examine its approach, incorporating the lessons from those areas achieving significantly falling rates. The 22 worst performing areas in 2004 attended a meeting in January this year with the Minister for Children, Young People and Families, Beverley Hughes, who reinforced the need to apply best practice rigorously everywhere.



Beverley Hughes MP

Commenting on the figures Beverley Hughes said: *"The figures show a wide variation in performance across the country and this demonstrates how critical local delivery is. We know what works and have given guidance to local authorities and PCTs, setting out the key ingredients for a successful strategy. All areas should be using this guidance to develop a strong action plan to bring down teenage pregnancies further. I want all local authorities to raise their game, to achieve the best rates they can by 2010."*

Ms Hughes said that she was disappointed that there had been a slight increase in the rate of under 16 conceptions. She added that there will always be fluctuations in statistical data when looking at relatively small numbers and she remains satisfied that the overall rate for under 18s is still going down.

Contact: www.everychildmatters.gov.uk/teenagepregnancy

NICE guidance to curb rise in STIs and under 18 conceptions



National Institute for Health and Clinical Excellence

New guidance issued by the National Institute for Health and Clinical Excellence (NICE) has set out what needs to be done to halt the rising numbers of sexually transmitted infections and to prevent under 18 conceptions – of which the UK has the highest rates in Europe.

The guidance focuses on one-to-one interventions that aim to address the personal factors that influence an individual's sexual behaviour in order to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. The guidance recommends that:

- Health professionals should identify individuals at high risk of contracting STIs using their sexual history. Opportunities for risk assessment may arise during consultations on contraception, pregnancy or abortion, and when carrying out a cervical smear test, offering an STI test or providing travel immunisation. A risk assessment could also be carried out during routine care or when a new patient registers.
- Health professionals should have one-to-one structured discussions with individuals at high risk of STIs (if trained in sexual health), or arrange for these discussions to take place with a trained practitioner.
- Patients with an STI should be helped to get their partners tested and treated (partner notification), when necessary.
- Midwives and health visitors should regularly visit vulnerable women under 18 who are pregnant or are already mothers and discuss with them and their partner how to prevent or get tested for STIs and how to prevent unwanted pregnancies. Where appropriate, young women can be referred to relevant agencies, including services concerned with reintegration into education and work.

Dr Catherine Law of the UCL Institute of Child Health and Chair of the Public Health Interventions Advisory Committee at NICE said: *"This guidance suggests better ways of addressing the problem of declining sexual health in our population than is current practice in some areas. We recommend a clear focus on those most at risk such as those from disadvantaged communities, men who have sex with men, and vulnerable young people, with an emphasis on prevention in one-to-one structured advice and discussion."*

Contact: www.nice.org.uk

Congratulations to....

The winners of the Nursing Standard Nurse of the Year 2007 Sexual Health Nursing Award -

Joanna Delaforce, Clinical Nurse Specialist, Forensic Services, King's College Hospital NHS Foundation Trust, London. Joanna has developed protocols for nurses and other staff dealing with victims of sexual assault in A&E and a teaching DVD that shows how to improve patient's care.



Email: Jo.Delaforce@kch.nhs.uk

Claire Tyler, Consultant Nurse in Genito-Urinary Medicine, Barts and the London NHS Trust. Claire has developed a genito-urinary medicine service, which can be delivered by nurses.



Email: Claire.Tyler@bartsandthelondon.nhs.uk

Each issue we follow a sexual health professional through their typical working day. This time, we follow a Clinical Psychologist...

8.45am. Frustrated already as attempts to get in early to complete audit on male sexual assault cases for conference presentation next week thwarted by 'signal failure' on the Jubilee line! Oh well... 10 mins to check email before the psychosocial meeting starts. More frustration as ten messages saying 'your mailbox has exceeded its limit'!

8.55am. Attempt to make cafetiere of coffee for the team but a challenge as they only really like lattes!

9.00am. Chair psychosocial meeting, discussing the new clients who've attended for a forensic medical examination where risks and concerns have been identified. Today, there are issues about completing examinations in ITU, a couple of ongoing child protection cases trying to get social services to act and a suicidal client who keeps calling in crisis...

10.15am. Manage to end meeting almost on time! Just time to call the detective working on one of my client's cases to discuss releasing my notes for court. First time I may be called as a witness so a little anxious!

10.45am. Quick dash across to the main hospital dodging the seemingly hundreds of people in the street market, oh and the blue flashing lights and usual sirens...the clinic is opposite one of London's largest Accident & Emergency departments, but never quite get used to it.

11.00am. Clinical supervision meeting with one of the clinical psychologists I supervise. Some interesting cases ranging from HIV anxiety, Obsessive Compulsive Disorder (OCD), vaginismus and a suicidal client unable to come to terms with his new HIV diagnosis.

12.00pm. Quick check of my emails, another reminder to write that risk assessment policy and two from the medical student I'm supervising trying to retrieve her dissertation, after the ethics committee rejected it because of trying to ask other students too sensitive questions about sexual assault!

12.25pm. Better look at patient system but 12.30 client has arrived. Exercise for the day dashing down the four flights of stairs to the HIV clinic. My client has finally been granted leave to remain in the UK after months of battles with the Home Office – so sometimes they pay attention to my reports! Celebrating interrupted by the familiar whirring of the air ambulance helicopter taking off outside my office! One day might achieve ultimate fame and make it on the 'Trauma' TV programme - though hopefully not as a patient!

1.30pm. Next client arrives, this time a new assessment for a depressed gay man struggling with an Hepatitis C diagnosis, but also struggling to stop engaging in risky sexual behaviour.

2.30pm. Quick dash back up the stairs for the Young Persons Clinic business meeting. Good news as we've obtained funding for outreach chlamydia and gonorrhoea testing in a local college, though still waiting for the London Child Protection guidance...

4.00pm. 5 mins to grab that sandwich, although slotted in review of a client with sexual dysfunction – success today as she's also managing to start to overcome her anxiety and dyspareunia (painful sex). Wish all my clients could improve so quickly!

4.30pm. The Young Person's Clinic has started and eight people booked in already. No-one for me yet, although I'm expecting a complex sexual assault client to return for results of STI screen and hopefully agree to a psychology assessment today. Have time to go and type up the minutes from the meeting earlier whilst I can still remember what I've scrawled!

5.00pm. Check to see if there's anyone else to see.... A 19-year old girl worried about painful sex – brief assessment and looks like mainly anxiety related, complicated by cultural beliefs around sex and lack of education, so discuss this and seems relieved that she's not abnormal!

5.30pm. The client I was expecting arrives so spend the next hour assessing her and looks like complex Post traumatic stress disorder (PTSD) with a previous history of abuse and coping by using self-harm. She agrees to return and begin therapy.

6.30pm. Clinic still busy but mainly family planning, so final check of emails before home. ..Wonder if the Jubilee Line is working again?

New teenage pregnancy DVD in Sandwell

Local children who recently swapped the streets of Sandwell for the magic of Bollywood to perform in a new health DVD were once again the stars of the show at the launch party on Friday 23rd March.

Filmed at locations all over the borough, the DVD aims to show young people from the South Asian community considering the options open to them regarding sexual health and pregnancy and highlights services and advice. Supported by the Teenage Pregnancy Unit at Sandwell Primary Care Trust, the children's charity Barnardos and several local voluntary agencies, pupils at schools across Sandwell auditioned for roles in the drama, contributing to the Bollywood-style blend of acting, dance and music.



Members of the DVD Project

The script centres on a young couple exploring choices about sexual health and pregnancy, and ends in a true soap-style cliff-hanger. All participants will be given a certificate in recognition of their hard work, and all music from the DVD, including songs, MCs and rappers, will be launched on a separate album.

Barnardos South Asian Teenage Pregnancy Coordinator for Sandwell, Jagruti Duggal, who manages the project, said: "Working with young people in a community setting, it became clear that they really enjoyed soap operas, music and dancing, so we thought that this would be a great way of getting the message across. The DVD has been very much a partnership project from the beginning, with all members of the community very supportive."

She added: "Topics such as sexual health and teenage pregnancy can be taboo amongst many communities, and hopefully the completed DVD will not only educate young people and the older generation, establishing confidence and trust, but will also encourage discussion and open up communication between parents and children."

**Contact: Jagruti Duggal, South Asian Teenage Pregnancy Coordinator, Barnardos Tel: 0121 544 1711
Email: jagruti.duggal@barnardos.org.uk**

www.ruthinking.co.uk



RU THINKING ABOUT IT?

The RU Thinking website on-line surveys recently asked...

"If there was something you wanted to know about sex who would you talk to?"

- 43%** said they would talk to their friends
- 21.5%** said they would talk to someone else
- 19.5%** said they would talk to their boy/girl friend
- 10.3%** said they would talk to their parents
- 5.7%** said they would talk to a brother or sister

Contact: www.ruthinking.co.uk

what the papers say

Does Davina go too far in sex education show?

Davina McCall and Channel 4 have come under attack from family and media watchdogs over an explicit sex education programme. In Let's Talk Sex, Miss McCall accompanies four teenagers and two school heads to a Dutch youth centre. The group sits in on sex education lessons in which children as young as four are taught about homosexuality and shown cartoons of various sex acts. At one point in the show, Miss McCall, a mother of three, unrolls a condom over a prosthetic sex aid in front of two school children. The programme is due to be broadcast later this month at 8pm – an hour before the watershed. It aims to highlight a connection between poor sex education and the high rate of teenage pregnancy in Britain. But pressure group Family and Youth Concern is appealing to Channel 4 to withdraw the show claiming it is 'misleading' and 'dishonest'. "The explicit approach to sex education featured in this programme is not at all typical of Dutch schools, but represents the extreme end of a very broad spectrum," said spokesman Norman Wells...

Daily Mail – March 8 2007

Librarians ban top children's book for using the 'S-word'

An award winning children's book about a ten year old girl seeking answers about life has provoked uproar in America because it uses the word 'scrotum' on the first page. Susan Patron's 'The Higher Power of Lucky', which won America's top children's book award, is being barred from school libraries in parts of the county because of the mention of male genitalia – even though the actual reference is to the scrotum of a dog.

The book tells the story of a girl named Lucky, who eavesdrops on adults seeking the help of a 'higher power' at programmes for drug addicts and alcoholics. In the second paragraph, Lucky listens through a hole in the wall to a drunk called Sammy, who uses the offending word. The word 'scrotum' provoked a furore on the internet, with bloggers and library professionals questioning whether the book was appropriate for its readership of 9-12 year olds. Other writers and librarians jumped in on both sides of the fray – some saying that they would not buy the book for their schools. The debate was reminiscent of attempts by Christian conservatives to ban the Harry Potter books for alleged Satanism.

Ms Patron, herself a librarian in charge of developing the children's collection at the Los Angeles public library, said that she was shocked by the reaction. "If I were a ten year old and learnt that adults were worried by the current Newbery book, I'd figure out a way to get my mitts on it anyway. The child who learns the definition of scrotum in this way, through reading and talking with adults, is armed with, for one thing, an alternative to finding answers through first hand experience," she said.

The Times – Feb 2007

Bed-hopping led Man to 3 million year itch

Being too lazy to make his own bed condemned mankind to millions of years of the embarrassment and discomfort of lice, research suggests. Ancestors of modern Man would doubtless have thought they were on to a good thing when bedding down in an abandoned gorilla nest 3.3 million years ago. But while early Man took a kip in the jungle, lice left behind by the gorillas crawled onto the recumbent hominid and made themselves at home, suggests a study. When they lived on gorillas the lice would infest fur, but on humans they evolved to live in the pubic area and would be transmitted during sex. This was long after Man and gorillas shared a common ancestor and scientists believe that the most likely explanation for the lice evolving into separate species is as a result of crossing from one host to another. David Reed, of the Florida Museum of Natural History at the University of Florida, said it was unlikely that the louse spread from gorillas to Man's ancestors through cross-species sexual transmission. Much more likely would have been that early man lived alongside the gorillas and took to sleeping in the same beds of vegetation or preyed on the primates... Professor Dale Clayton, of the University of Utah, said: "Human pubic or 'crab' lice get transmitted between people and bath towels all the time. So it is easy to imagine that gorilla lice could easily have transmitted to humans via shared sleeping quarters, or predation."

The Times – March 8 2007

Research suggests patients denied access to sexual health clinics

People seeking contraceptive care, health screening, or STI testing could be experiencing reductions to choice and care. New research, published today by The Faculty of Family Planning and Reproductive Healthcare (FFPRHC), highlights disinvestment by PCTs, poor IT systems and lack of training for health professionals. The results of the Faculty's *Community Contraceptive Services Questionnaire*, highlights cuts to out-of-hours services and recruitment freezes, which are contributing to a reduction in patient access, choice and convenience.

The main findings of the research, which was carried out within community sexual and reproductive health (SRH) services, and in conjunction with the Department of Health's own mapping exercise of contraceptive services, state:

- 40% of SRH clinics are having to reduce services, either by closing walk-in sessions when full, accepting only a fixed number of patients or only seeing people with urgent problems.
- Only 4 services out of 129 reported increased funding available to implement Long Acting Reversible Contraception (LARC) provision, despite the NICE clinical guideline on LARC, which promotes choice for women through increasing access to quality services providing LARC methods.
- Only 5% of community service leads reported computerised data collection across all clinic sites when asked about data and IT systems. This exposes failures within the NHS to monitor work being done within community SRH services, which is inconsistent with the Government's *Payment By Results* scheme.

Dr Christine Robinson, Vice President of the Faculty of Family Planning and Reproductive Healthcare, said: "This confirms our concerns that patient care is suffering in community-based sexual and reproductive health services, which are designed to be user-friendly and convenient to clients. They are open during unsocial hours and, in addition to contraception, provide a wide range of services to young, vulnerable and marginalised groups. Disinvestment and woefully inadequate IT systems are restricting client convenience and choice. We need urgent action at local level to support community services if patient access, training and quality of care are to be maintained in sexual and reproductive health."

Contact: Anna Gardner or Emily Shelton Tel: 0207 8153900
Email: anna.gardner@munroforster.com www.ffprhc.org.uk

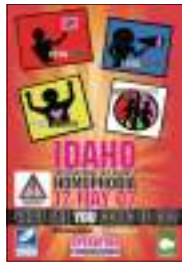
SHINE Quote of the day

"...good sexual health matters. It is a crucial ingredient in the overall good health of the nation. If we are to see a downward trend in the level of STIs and HIV, we have to ensure that money is ringfenced; that there is targeted intervention, targeted health promotion and early testing; and that we increase awareness of the dangers of unprotected sex."

Baroness Gould of Potternewton, House of Lords Dec 2006

Speak out about homophobia in May

In a world where 77 countries punish women, men and children because of their sexuality, the International Day Against Homophobia (IDAHO) on 17th May 2007 a platform to make a statement demanding improvements in the lives of gay men and women overseas and in the UK.



The day can be used to raise awareness of homophobic issues that have a negative impact on people's lives and also to showcase success stories where a positive change has been achieved. IDAHO is an inclusive campaign for individuals, campaigners, voluntary organisations, special interest groups, employers, businesses, politicians and public service providers to get involved and make a difference. The IDAHO website provides help for people wishing to get involved and offers networking opportunities where ideas can be shared with other people and organisations participating in the event.

In 2006, Sheffield held a 'minute's noise' in the city centre at rush hour for IDAHO to signify that silence should no longer be maintained about homophobia. Organisers are suggesting other cities follow suit and organise their own 'minute's noise'.

You can use the website to promote any events and activities that you are planning, submit news articles, or find out what is happening in your area or download the IDAHO 2007 Poster (above).

Contact: Derek Lennard, IDAHO Co-ordinator UK
Email: derek.lennard@idaho.org.uk www.idaho.org.uk

Innovative play helps SRE

Young people in Derby city and Derbyshire can now learn important messages about decision making, relationships, and sexual health through theatre, after innovative Derbyshire theatre group 'Brief Candle Theatre' launched their new play in secondary schools.

The '4Ever' play, which is being supported by the Derby City and Derbyshire Teenage Pregnancy Partnership and Derby City Local Authority Personal, Social and Health Education Advisory Team, encourages young people in secondary schools in the area to think about important messages around relationships and sexual health, contraception and parenthood.

The play features a group of friends, two boys (Al and Ricky) and two girls (Abi and Izzy). One of the girls is seeing a boy who is older than her and doesn't wish to tell her parents about him. Another character wants to date a boy who believes because she wants to date him, means she wants to have sex, when in reality she is not ready. Viewing young people will be asked to discuss the issues explored in the play.

Dave Shimwell from the Brief Candle Theatre Group, said: "The '4Ever' play aims to create an innovative, original and engaging drama that is both thought provoking and challenging for young people. By taking this kind of play into the local secondary schools we are allowing young people to express their feelings and ask questions about relationships and sexual health, in a safe and secure environment."

Contact: Dave Shimwell Tel: 01246 556 161
Email: office@briefcandle.co.uk

Survey reveals confusion about sex



Launching this year's Contraceptive Awareness Week (*Reproduction: a quick guide to your body, 12th-18th February*), fpa published a survey testing people's knowledge about sex and reproduction. The results expose widespread confusion and misunderstanding about some of the most basic facts. Consequently, fpa is calling for sex and relationships education to become a statutory subject in the national curriculum. The survey was conducted by Gfk NOP and is based on common questions asked by callers to fpa's national helpline.

- Answering 'what would stop a woman from becoming pregnant if she did it immediately after sex?' 29% of respondents either thought that short bursts of vigorous exercise (jumping and dancing around), douching or urinating would stop fertilisation or said they didn't know if it wouldn't work.
- 50% of the respondents gave the wrong answer or didn't know when a woman's most fertile time is.
- 89% gave the wrong answer or didn't know that it is possible for sperm to live inside a woman's body for up to seven days.
- 24% incorrectly thought that pre-ejaculate does not contain sperm, or didn't know.
- Finally respondents were asked to judge the sex education they received at school. Only 4% said it was excellent. Most respondents answered negatively: a combined 39% said it was either poor or extremely poor, whilst 25% said it was adequate and 18% said they never had any.

Anne Weyman, Chief Executive of fpa said: "This survey exposes how far the current system of providing sex education is failing and also that people are acutely aware that it is letting them down. Reproductive biology is the only statutory part of the national curriculum and even this isn't achieving acceptable educational standards. In today's sexualised society, we are bombarded with a multitude of sexual imagery and messages. Nevertheless, providing people with the information and skills they need to make positive choices about their health and lives is not considered a priority. The consequences of Government not taking action to make sex and relationships education compulsory will be continued poor levels of sexual health across all groups in society, and especially the young."

"One in five pregnancies ends in abortion so the effects of this reaches far into people's lives. It is now time to make sex and relationships education a statutory subject in schools and invest properly in contraception services."

Contact: Rebecca Findlay, Press and Campaigns Manager
fpa, Tel: 020 7608 5265 Email: rebecca@fpa.org.uk
www.fpa.org.uk



In each issue of SHINE we interview a leading figure in the sexual health field. In this issue, we speak to

**Simon Blake,
Chief Executive of Brook.**

Tell us a little about your role?

I was appointed the Chief Executive of Brook in September 2006 before which I was Assistant Director of Children's Development at National Children's Bureau.

Brook was founded in 1964 to provide contraception to unmarried people, which other clinics weren't prepared to do at the time. The organisation has continued to evolve and grow since that time with a commitment to ensuring the needs of vulnerable and marginalised young people continue to be met. In 2005/6 we reached 200,000 young people.

As Chief Executive, I oversee Brook's strategic and organisational direction, working with the Brook Network providing integrated sexual health services, education and outreach across England, Scotland, Northern Ireland and Jersey. A key part of this role is ensuring the learning from Brook services is used to influence policy and practice and that we lead the way in implementing policy in innovative and creative ways. An exciting, two way process.

Why did you enter this field?

There was a critical moment for me when I knew this work was important. As a student I worked on a summer camp in the USA as a horse riding instructor, swimming coach and a 'counselor' for senior boys. One night, whilst on 'cabin watch' I overheard their conversations about sexual issues. I was shocked at how badly informed they were about the most basic of biological information. Over the next few weeks I talked to them about relationships, emotions and sex around the fire, during breakfast etc. Our conversations were fun, but I didn't ever expect it to be my career!

I was a founding member of a University organisation called SHAG (Sexual Health Awareness Group) offering peer advice about sexual health to students. After I graduated I worked for fpa as a project worker for boys and young men in the South Wales Valleys.

What do you enjoy most about sexual health work?

I genuinely enjoy working directly with young people and professionals. I believe passionately that good education, support and services for children and young people, and professional development for all those working with them, changes lives.

At Brook, we hear about the difference significant relationships with an adult, good education and high quality services make to young people's confidence, experience and choices. And because I care deeply about the quality

of relationships and sexual rights all people have, I love this area of work. I enjoy the challenges, the opportunities, the two steps forward and the one step back that defines progress.

Sexual health work by its nature attracts people who are prepared to stand up and be counted and are prepared to raise their heads above the parapet. I always enjoy working with brave, creative people and the Brook Network and sexual health field is full of them.

What are you most proud of?

The tireless energy and work of Brook staff across the Network and that I have been trusted as Chief Executive of this organisation with such a proud history of innovative change and of influence. I am the first man to have this job. Brook is an organisation I have always respected as a powerful advocate for young people's rights, so my appointment was an absolute dream.

I am also proud of the successes so many colleagues have enabled in recent years – the equalisation of the age of consent for gay men, positive SRE guidance, a PSHE Subject Association, the abolition of Section 28, the Teenage Pregnancy and Sexual Health Strategies – real successes that will, over the coming decade, make a difference to the lives of young people. The one I would like to see added on to the list of course is statutory Personal, Social and Health Education.

What would be your message to others working in the field?

Continue to be brave. Continue to put your heads above the parapet. Embrace change and innovation. And when you get tired, take time to reflect on how far we have all come. We still have a lot to achieve. None of us can do this work on our own. We need to work together well and listen to the views and wishes of young people. Listen to young people and involve them in all of our work – take inspiration from their clarity and insight.

What is your vision for the future?

A culture that likes children and young people, values their personal and sexual development and ensures *all* children and young people have significant caring relationships with adults; access to good quality education and integrated sexual health services. Finally I would like to see the voluntary sector gain the respect it deserves and be valued equally with the statutory sector.

What do you do to unwind?

I love running and swimming and try to do both at least 3 times a week. I ran the London Marathon last year. I also have a horse - although I find it increasingly difficult to get to Wiltshire to ride. I cycle to work which is a great way to start the day. Cycling home then gives me the opportunity to unwind, reflect on what has happened during the day, make a mental list for tomorrow and hope that it is not my turn to cook!

Simon has his own Brook blog.

**To read what he has to say and add your own comments
visit www.brookcentres.blogspot.com**

How to Reach High Risk Young People

An introduction to the principles of promoting sexual health and positive relationships to 'hard-to-reach' and at-risk young people

April 19th 2007, London

Providing appropriate, targeted support for high risk groups of young people is key to delivering teenage pregnancy and sexual health targets. This one-day course helps participants to reach and engage a range of 'at-risk' groups, providing them with an overview of different models of sexual health outreach work. The course participants will gain an overview of different models of sexual health outreach work, be able to call on a range of strategies for reaching 'at-risk' and hard-to-reach groups, ensure use of appropriate approaches for working with diverse groups, set clear objectives for sexual health outreach work and develop appropriate strategies for evaluating sexual health outreach work.

Cost: £120 or £150 for non-members

**Contact: Email: training@brookcentres.org.uk
www.brook.org.uk/training**

Sharing 'Answers' on Teenage Pregnancy

May 8th 2007, Edinburgh

This conference will offer delegates the chance to share learning from areas in Scotland that are taking forward initiatives to reduce teenage pregnancy rates. It will illustrate major success factors identified by the Teenage Pregnancy Unit in England and enable participants to explore ways of replicating good practice in their work.

The programme will also allow delegates to hear about factors influencing teenage pregnancy in Scotland and to benefit from Brook's and others' experience in working effectively with young people.

Cost: £90 or £110 for non-members

**Contact: Email: raining@brookcentres.org.uk
www.brook.org.uk/training**

HIV Stigma

Addressing issues around HIV stigma, causes, prevalence and possible solutions

26th May 2007, Sheffield

This new, one day training course will inform participants of the nature of stigma with particular emphasis on its impact on issues of HIV. Utilising participatory exercises, the facilitator, Prof. Ian Hodgson, an international expert in the subject, will demonstrate the impact of HIV stigma on those people affected by HIV as well as the damage inflicted on those who stigmatise. The course will suggest specific interventions on the personal and collective level that can help to reduce stigma within the community, the workplace and other social settings.

Cost: £100

**Contact: Matt Harrison, Training Course Administrator
Centre for HIV & Sexual Health Tel: 0114 226 1902
Email: matt.harrison@chiv.nhs.uk
apply on-line www.sexualhealthsheffield.nhs.uk**

Almost An Adult

Sex and relationships education for young people on the autistic spectrum

21st June 2007, Sheffield

The conference will be practical and interactive. It will start in the conference room arranged café style to encourage delegates to meet and talk. There will be two short speeches on the conference theme, followed by an opportunity for questions and discussion from the floor. The rest of the day will focus on practical workshops where delegates will be able to experience and evaluate resources. Suitable for teachers in both mainstream and special schools, school nurses, parents and carers, residential care staff, youth and community workers and primary care staff.

Cost: £120 or £100 + vat if booked before end of March 2007

**Contact: Audrey Woof, Me-and-Us Ltd,
Email: audrey@me-and-us.co.uk Tel: 01539 622310
www.me-and-us.co.uk/almostanadult**

Understanding Rape & Sexual Abuse

22nd June 2007, Scotland

This conference aims to bring together key professionals working in this specialised field to share their expertise. Key speakers include Sir William Rae, Chief Constable Strathclyde Police, Dr Jean Herbison, Consultant Paediatrician, Royal Hospital for Sick Children, Glasgow, Professor Laurence Alison, Chartered Forensic Psychologist, University of Liverpool, Dr Deb Wardle, Consultant Genito-Urinary Medicine, Sandyford Initiative, NHS Glasgow & Clyde.

Cost: £100

**Contact: Irene McKeown, School of Health, Nursing & Midwifery, University of Paisley Tel: 0141 848 3968
Email: irene.mckeown@paisley.ac.uk www.paisley.ac.uk**

The Pleasure Principle

A conference on sexual pleasure and how to raise issues of sexual pleasure within sexual health promotion work

27th June 2007, Sheffield

A conference on sexual pleasure and ways of raising issues of sexual pleasure within sexual health promotion is being organised by the Centre for HIV & Sexual Health. Keynote speakers include Professor Roger Ingham, from the Centre for Sexual Health Research at the University of Southampton, and Dr Julia Hirst, from Sheffield Hallam University.

The conference will examine issues such as male and female differences in terms of sexual pleasure, the inter-relationship between psychology and physiology, gay men and sexual pleasure and the influence of religion on the ability to experience sexual pleasure.

Cost: £100 (Sheffield Delegates: £50)

**Contact: Rachel Hunt, Administrator,
Centre for HIV & Sexual Health Tel: 0114 226 1900
Email: Rachel.Hunt@chiv.nhs.uk or
apply on-line www.sexualhealthsheffield.nhs.uk**

'Preventing HIV' Book - 1st Edition



NAM has produced a new book covering all aspects of HIV prevention. This easy to read and informative manual is a must for all working in the field of HIV. The 15 page book covers issues such as disclosure, using antiretrovirals for HIV prevention, microbicides and the search for an HIV vaccine.

Cost: £34.95 discount rate for SHINE readers (quote PRE0503)
Available from: NAM Tel: 020 7840 0050 Email: info@nam.org.uk
www.aidsmap.com

'Sex Education Fact Sheet'

The Sex Education Forum has recently published a new fact sheet 'Addressing healthy relationships and sexual exploitation within PSHE in schools'. It is designed to help teachers at Key Stages 3 and 4 to plan and deliver effective education on reducing the risk of sexual exploitation, and was commissioned by the Home Office to support sex and relationships education within PSHE.



Cost: Free to download
Available from: www.ncb.org.uk/sef Email: lhashem@ncb.org.uk

'Out There' DVD



Available from April, 'Out There' is a new DVD highlighting the positive aspects of gay, lesbian and bisexual lives and can be used in both formal and informal education settings. The DVD provides positive images of gay, lesbian and bisexual people, using real life abstracts and focusing on people's hobbies, passions and daily activities. The DVD is accompanied by a training guide and is a suitable tool for organisations wishing to promote a more positive image of lesbian, gay and bisexual people.

Cost: £50
Available from: Rachel Hunt, Administrator, Centre for HIV & Sexual Health Tel: 0114 226 1900, Email: Rachel.Hunt@chiv.nhs.uk
Order on-line www.sexualhealth.nhs.uk

'Growing Up and Keeping Safe' CD Rom



'Growing Up and Keeping Safe' is a new CD produced by Sense Interactive CDs and the National Children's Bureau. Aimed at Key Stage 2, the CD follows a group of illustrated characters through different real life scenarios including Internet Safety, Puberty and Bullying. It also has a series of thought provoking, educational and, at times, highly amusing "Talking Heads" interviews with children. It is divided into five sections aligned to the five national outcomes, as set out in the Children Act (2004).

The CD is available for parents and carers as well as a version to use in schools complete with lesson ideas.

Cost: from £9.99
Available from: Sense Interactive CDs
Email: info@sensecds.com www.sensecds.com

'Young Disabled People Can...' Posters

These posters and accompanying booklet explore themes such as relationships, sexual orientation, parenthood, contraception and sexually transmitted infections, from the perspective of young disabled people. They were devised by a group of young disabled people and developed by Brook London, with support from the Nuffield Foundation. An invaluable resource for teachers providing sex and relationships education for young disabled people, they are suitable for young people aged between 12 and 24 and are also ideal for use in youth clubs, clinics and any other environment used by young people.



Six A2 colour posters present positive images around themes relating to young disabled people, relationships and sex, with photographic images of young people who are themselves disabled. They are accompanied by a 16 page A4 booklet which explores the same themes as the posters, providing more detailed essential information about relationships, sexual health, sexual health services and becoming a parent, as well as further sources of information and advice and a quiz.

Cost: £25 for six posters and ten booklets
Available from: Brook www.brook.org.uk

'Life Cycle of Chlamydia' Pack

For use with the resource 'Body Board', the 'Life Cycle of Chlamydia' pack helps pupils learn about how chlamydia is transmitted and what happens to the body when contracted. It also focuses on how to avoid contracting chlamydia and other sexually transmitted infections, having a test for and treating chlamydia infection. Also contains photocopiable information for pupils to take away.

Cost: £18
Available from: Headon Ltd Tel: 0161 9988877
Email: sales@headon.co.uk www.headonltd.co.uk

'Out of The Shadows' Report

'Out of the Shadows' - "our voices aren't going to go quietly into the dark anymore," is a new report on the sexual health and wellbeing of people with learning disabilities in Northern Ireland by Audrey Simpson, Attracta Lafferty and Roy McConkey.



The report focuses on the relationships and sexual wellbeing of people with learning disabilities in Northern Ireland. It presents findings from people with learning disabilities, family carers, front-line staff and professionals, and looks at the provision of relationships and sexuality education in Northern Ireland for young people and adults with learning disabilities.

For use by front-line staff and professionals whose work involves people with learning disabilities, family carers, civil servants, policy makers and academics.

Cost: £9.99 Code: BS2367
Available from: fpa, Tel: 0845 122 8600 Fax: 0845 123 2349.
Email: fpadirect@fpa.org.uk www.fpa.org.uk