Drumchapel Health Club, Drop-in & Sexual Health Clinic

2nd Report to the Health Education Board for Scotland

Edited by Sandra Wilson & Ruth Kendall

July 1996
This report has been compiled through contributions from all members of the advisory group for the project listed in appendix one.

For more information about the project contact:

**Health Club**

Jackie McFadyen or Ruth Laing or Margaret Green
Health Visitor Health Visitor Principal Teacher Care and Support
CMHST CMHST Drumchapel High School
Drumchapel Health Centre 45 Cally Avenue
80-90 Kinauns Drive Glasgow G15 7FS
Glasgow G15 7FS

Tel: 0141 211 6139 Tel: 0141 944 2281
Fax: 0141 211 6140 Fax: 0141 944 6341

**Drop-in** - Jackie McFadyen and Ruth Laing as above.

**Sexual Health Clinic**

Muriel Holroyd Sandra Wilson
Nurse Manager SHPO
Family Planning Centre Health Promotion Department
2 Claremont Terrace Greater Glasgow Health Board
Glasgow 4 Lancaster Crescent

Tel: 0141 332 9144 Tel: 0141 211 1651
Fax: 0141 211 1658

Further enquiries concerning the evaluation of the project, or to receive further copies of this report contact either:

Sandra Wilson Ruth Kendall
SHPO SHPO
Health Promotion Department Health Promotion Department
Greater Glasgow Health Board Greater Glasgow Health Board
4 Lancaster Crescent 225 Bath Street
Glasgow Glasgow
G12 0RR G2 4J F

Tel: 0141 211 1651 Tel: 0141 201 4961
Fax: 0141 211 1658 Fax: 0141 201 4901

The next report will provide further health club evaluation results, details of the development of both the drop-in facility and the sexual health clinic and their evaluation.
## Contents

<table>
<thead>
<tr>
<th></th>
<th>Executive summary of 1st report and executive summary of this 2nd report</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Health Club</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>A)</td>
<td>Programme for 1995 - 96</td>
<td>11</td>
</tr>
<tr>
<td>B)</td>
<td>Evaluation of the Health Club</td>
<td>12</td>
</tr>
<tr>
<td>I)</td>
<td>Progress of a cohort of members and perception of key workers</td>
<td></td>
</tr>
<tr>
<td>II)</td>
<td>Perceptions of Parents/Guardians</td>
<td></td>
</tr>
<tr>
<td>III)</td>
<td>Analysis of Attendance Records</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Drop-in Facility &amp; Sexual Health Clinic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>A)</td>
<td>Literature Review</td>
<td>16</td>
</tr>
<tr>
<td>B)</td>
<td>Drumchapel Drop-in Facility</td>
<td>21</td>
</tr>
<tr>
<td>I)</td>
<td>Young Person's Committee</td>
<td></td>
</tr>
<tr>
<td>II)</td>
<td>Drop-in activities</td>
<td></td>
</tr>
<tr>
<td>C)</td>
<td>Sexual Health Clinic</td>
<td>22</td>
</tr>
<tr>
<td>I)</td>
<td>Practical arrangement</td>
<td></td>
</tr>
<tr>
<td>II)</td>
<td>Service Sheet</td>
<td></td>
</tr>
<tr>
<td>III)</td>
<td>Publicity Arrangements</td>
<td></td>
</tr>
<tr>
<td>IV)</td>
<td>Opportunities for Counselling/One to One</td>
<td></td>
</tr>
<tr>
<td>V)</td>
<td>Workers Code of Practice</td>
<td></td>
</tr>
<tr>
<td>D)</td>
<td>Evaluation of Drop-in Facility &amp; Sexual Health Clinic</td>
<td>26</td>
</tr>
<tr>
<td>I)</td>
<td>Roles and Repeatability - The Management Perspective</td>
<td></td>
</tr>
<tr>
<td>II)</td>
<td>Sexual Health Clinic</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Links with the wider school</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>A)</td>
<td>School Health Promotion Co-ordinating Group</td>
<td></td>
</tr>
<tr>
<td>B)</td>
<td>Health Education - Resource Library</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Future developments</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>A)</td>
<td>Lottery bid</td>
<td></td>
</tr>
<tr>
<td>B)</td>
<td>Youth exchange</td>
<td></td>
</tr>
<tr>
<td>C)</td>
<td>Parental involvement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Conclusion</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td>33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendix 1 -</th>
<th>Advisory group members</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 2 -</td>
<td>Drop-in constitution</td>
<td>35</td>
</tr>
<tr>
<td>Appendix 3 -</td>
<td>Nurse Supplying Protocol</td>
<td>37</td>
</tr>
<tr>
<td>Appendix 4 -</td>
<td>Sexual Health Clinic Service Sheet</td>
<td>40</td>
</tr>
<tr>
<td>Appendix 5 -</td>
<td>Drop-in and Sexual Health Clinic Code of Practice</td>
<td>42</td>
</tr>
</tbody>
</table>
1. Executive summary from 1st report and executive summary of this 2nd report.

The first report provided a descriptive outline of the health club and its associated facilities, including the results of the first phase of process evaluation.

Health Club

1. In January 1993, Health Visitors and Teaching staff created a weekly health club for adolescent young women in Drumchapel High School. Their concerns were about the lack of physical activity amongst young women and the high number of requests for pregnancy testing in the area.

2. Drumchapel is one of Glasgow’s notorious peripheral housing schemes built in the mid 50’s. It is an area with a high rate of unemployment, poor amenities and shocking health inequalities. Drumchapel High School is a typical Scottish comprehensive secondary meeting the educational needs of children aged between 11 and 18. The school has approximately 800 pupils; a high truancy rate and many of the pupils leave with no formal academic qualifications.

3. Since 1993, the Health Club has expanded and developed to meet the needs of both young men and young women aged 12-14 years (S2-S3). Guidance teachers refer pupils to the health club because of low self esteem, relationship problems, lack of physical activity and poor nutrition, etc. Due to the many responsibilities that club members carry at home after school, the timing of the club moved from after school to lunch-time. The club currently operates every Friday lunch-time from 12.50 p.m. - 1.50 p.m.

4. The aims of the club are:
   - to empower young people to improve their health
   - to improve the self confidence and self esteem of young people
   - to build links between health visitors and the school

5. Weekly activities in the club include, healthy eating and hygiene. Members exchange their dinner tickets for sandwiches, a drink and a piece of fruit from Catering Direct; augmented with food subsided by the Community & Mental Health Services NHS Trust (CMHST). Once a week club members also receive instruction in exercise and physical activity. This takes place on Tuesdays after school at 3.30 p.m.

6. Whole school activities organised by the health club have included, the creation and running of a healthy tuck shop, production of healthy eating “fortune tellers”, and an “international foods of the world” awareness day, a “chuck it in the bucket” campaign on National No Smoking Day, and a major Fashion Show and exercise demonstration.
7. A mini evaluation carried out in April 1994 revealed that club members wanted to continue meeting over the summer. Activities organised included hairdressing, photography, community art, and outings to the Playdrome in Clydebank, Kelburn Park in Ayrshire and Summerlee Heritage Park in Lanarkshire.

8. The club has established alliances with a range of community groups and organisations in the voluntary sector. There are strong links with: the Drumchapel Adventure group (DRAG), Drumming Up Health, a community health project and its associated projects, including the “Danny Morrison - Men’s Health Project” and “On the Line” a Glasgow Works funded community health magazine.

Drop-in Facility

9. In May 1994, the health club applied to the European Health Promoting Schools Project fund at the Health Education Board for Scotland (HEBS). HEBS awarded £7000 to evaluate the approach used in the health club and to develop a drop-in facility for teenagers. In 1995 HEBS awarded an extension in funding to develop a family planning & sexual health clinic within the drop-in and evaluate the effectiveness of both services. Following the funding award from HEBS, an advisory group comprising representatives of interested organisations has been created to direct the work of the project. It meets approximately four times a year.

10. The aims of the drop-in are:
    - to extend access to a health enhancing facility for young people in Drumchapel aged 12-19 years
    - to provide counselling support and referral opportunities to young people with problems
    - to develop links with the wider community in Drumchapel

11. The CMHST launched the drop-in facility on 29th March 1995. It operates in the coffee bar of the Family Learning Centre between 3.30 p.m. and 5.30 p.m. on Wednesdays. The Family Learning Centre is an Urban Aid funded project, on the campus of the High School. Based in the Family Learning Centre, the drop-in is open all year round except for Christmas and the New Year. Attendance at the drop-in is voluntary and young people can attend if and when they choose.

12. Health Visitors have created a young person’s committee to manage the drop-in. The committee comprises young people who have been members for at least two years. The committee decide the programme of activities for the drop-in and take responsibility for the behaviour of drop-in users. The committee interviewed staff for the drop-in; this being recorded in their records of achievement at school.

13. Staff appointed to the drop-in include: Health Visitors, Health Promotion Officers, Community Dietician, Community Psychiatric Nurses, Volunteers from local community health projects, Social Workers, and Youth Workers. Workers meet regularly and liaise with the young person’s committee.
14. Capitalising on the links that the health club has made with the voluntary sector, the drop-in has been able to forge new links with both the public and private sectors. In particular it has formed alliances with the Education Business Partnership, Local Employers, the Social Work Department and others.

**Sexual Health Clinic**

15. Building on the success of the drop-in, the CMHST are proposing to extend the facility by developing a Family Planning & Sexual Health Clinic. This service should be available from Spring 1996. The aims of the clinic will be:
   - to promote young people's physical and emotional well-being
   - to reduce unwanted teenage pregnancies in the long term
   - to improve access to family planning services for young people aged 13-19

16. The clinic will operate at the same time as the drop-in and will be held on the first floor of the Family Learning Centre. Services will include: Contraception, "morning after" emergency contraception, advice about safer sex, including condom supplies, pregnancy testing, counselling and referral, HIV/AIDS testing, counselling and referral, STD counselling and referral, incest/rape counselling and referral.

17. A family planning nurse will staff the clinic without the presence of a Doctor. A protocol for the administration of both the combined and post coital contraception is currently being developed.

**Evaluation**

18. The purpose of the evaluation is to identify:
   - the characteristics of the users of the health club, the drop-in and the sexual health clinic
   - any changes in health awareness, self esteem, confidence, behaviour and health status in the members of the health club over the year
   - how health club members are perceived by, school staff, their peers and their parents
   - how users of the drop-in and the sexual health clinic perceive the services
   - the benefits of health visitors developing this initiative as opposed to other NHS staff or Education Department staff
   - if the approach used is more effective than other more traditional health education approaches in the curriculum
   - how feasible this approach would be in other schools

19. In answering these questions, we have adopted a variety of methods, including: focus groups, questionnaires, structured interviews, rapid appraisal, multidimensional health locus of control scores and case studies.

20. We have gathered the perceptions of school staff through two focus groups comprising of teaching staff not directly involved with the health club. It appeared that staff knew about the club; its regular meetings, its activities and the special events organised by the club.
There was awareness about who the club targeted. Staff had noticed increased confidence among members and particularly mentioned that the young people seemed better equipped to deal with “real life” situations such as making telephone calls, relating to one another and outsiders.

21. We distributed a short questionnaire to 31 peers of the members of the health club, i.e. pupils in S2 and S3. Peers did not receive information about the club from teaching staff and it seems that very little has reached them by word of mouth, etc. Whilst the majority of respondents were unaware of the activities of the club those who mentioned activities were accurate in their understanding and most mentioned health information giving as something that took place.

22. Case studies of five health club members have been produced. The process of health club members being valued and being shown understanding by workers: both in what they say and their particular skills and talents has considerably improved their self esteem. Many of the young people referred to the club have previously only received attention for the more negative aspects of their behaviour. The health club and its related facility is therefore an opportunity to concentrate on the particular skills, talents and abilities that each individual has and which may not have been previously recognised or received attention. Activities that act as a show case for their talents, such as the fashion show has therefore increased their confidence and in many cases given them an identity. The case studies also illustrate the importance of the adult workers as role models.

23. The Advisory Group has commissioned a study to follow the progress of a cohort of new members through the 1995/96 session. We are currently awaiting bids. The researchers will use a rapid appraisal technique to ascertain the view of key workers about their roles, how these have changed, and their perceptions of organisational and managerial issues. We are currently awaiting bids.

24. We have also commissioned a study to collect the perceptions and views of the parents of the young people who attend the health club. Interviews are being conducted in their homes by community health project volunteers.

25. Other methods of evaluation will include the collation of a photographic record and an examination of the attendance records of health club members. The Advisory group will commission researchers to conduct interviews with the Community & Mental Health Services Trust and other service providers to identify their perceptions of the role of health visitors in the project.

Conclusions

26. Within two years the notion of the health club has developed and progressed. The after school hours club originally targeted at young women in S3 has expanded to include young men and pupils from S2 upwards and now operates on Friday lunch times. Whilst the health club operates within the school, the subsequent drop-in facility is based in the Family Learning Centre on the school campus. Using this centre has meant that the drop-in is accessible all year round and has enabled the developed of the first Family Planning & Sexual Health Clinic on a school campus.
27. The description of the health club and the drop-in together with the evidence of the first phase of process evaluation suggests that the aims and objectives of the project are being met.

28. This health promoting school project demonstrates a positive and complementary role that the health and caring services can play in a school, developing the educational potential of the school health services beyond routine screening. The health club and its related facilities provide stimulating challenges for young people through a wide range of activities. It actively promotes the self esteem of members and users by creating opportunities for them to contribute to the wider life of the school. The project has made strong links between the school, parents, the community, private sector businesses and the wider public sector. This project therefore illustrates how the health promoting school can become a practical reality.
Executive summary of this 2nd report

29. This second report to HEBS details the activities of the High School Health Club, the development of the drop-in facility and the introduction of a new sexual health clinic on a School campus. Further evaluation results and proposals are also included.

Health Club

30. In August 1995, 14 new pupils from S2/S3 were referred to the health club. During 1995-96 a variety of activities which were intended to raise the self esteem/self confidence of health club members was organised. In particular members took part in: fund-raising activities for the Club and for Childline, whole school promotions for Healthy Eating and National No Smoking Day.

31. The Health Promotion Department have commissioned the Psychology Department of Glasgow Caledonian University to follow a cohort of new health club members and to secure the perceptions of key workers. This study will identify what changes in self esteem, confidence, behaviour and health status can be observed in health club members over one year.

32. A field study undertaken by researchers from the Drumchapel Community Health Project in October/November 1995 has identified parents/guardians perceptions of the health club. 25 parents/guardians of health club members were interviewed in their own homes using a semi-structured interview schedule. Virtually all of the parents had heard about the club and were aware that their children were attending. Parents reported positive changes such as an increase in confidence, an improvement in eating habits, personal hygiene and exercise. Whilst there was a reluctance to become directly involved with the health club there was a willingness to adopt a partnership approach with the club for example in extending the activities of the club at home.

33. Attendance records which relate to the year previous to joining the club and the first year as a member will be analysed to identify any changes in attendance patterns. Records covering two entire school years will be available in August 1996. Anecdotal evidence suggests that attendance improves with membership of the club. Particular attention will be paid to the record of unauthorised absences (exclusion and truancy).

Drop-in Facility & Sexual Health Clinic

34. An extension in funding has enabled us to begin to evaluate the drop-in facility and develop Scotland's First Sexual Health Clinic to operate on a school campus.

35. To inform both these developments an extensive literature review was undertaken. This review has suggested that successful clinics provide a comprehensive range of health services, including family planning, counselling and referral, and seeks to link and integrate health and social services for teenagers with the school as the central focus. The provision of such services rather than increase the level of sexual activity amongst young people can have a positive impact such as a decline in birth rates, high contraceptive continuation rates and a postponement of first sexual intercourse by an average of seven months.
36. Integral to the success and operation of the drop-in is the existence of the young person’s committee which takes responsibility for managing the facility. Since the drop-in was created, the committee have met approximately every 2 months to plan activities and discuss how the facility should develop. More recently the committee have developed a constitution and held their first AGM.

37. In addition to the provision of healthy snacks in the drop-in, a wide variety of activities have been organised e.g. Music workshops, CPR training. Older drop-in users enjoy discussion groups and role plays, whilst the younger users enjoy handicraft and art work.

38. The sexual health clinic was launched on 6th April 1996. The clinic is staffed by a Family Planning Nurse following a protocol on the administration/supplying of contraception. A Doctor is available by telephone and for medical examinations the next day if necessary.

39. To help open up discussion between the Family Planning Nurse and young people using the clinic a service sheet has been produced. The service sheet is also a valuable tool in our monitoring and uptake of services. The sheet addresses, sexual health, contraception, counselling, pregnancy and referral.

40. The sexual health clinic has been named “DASH (Drumchapel Advice and Sexual Health) - Don’t leave it too late!” by the young people using the service. A logo and related publicity materials, such as a poster and credit card style leaflet are currently being produced to promote the service.

41. In the drop-in area, a small curtained room is available for one to one supported discussion. Keeping this room for this purpose has however proved difficult. The service sheet of the sexual health clinic also provides opportunities for young people to ask for one to one support. Many young people have taken up this option, however the mechanics of concluding a discussion with the family planning nurse and then being passed on to another worker in the drop-in has proved clumsy. This is an aspect of the service which we hope to address in the evaluation.

42. The creation of the sexual health clinic prompted the group of workers involved in the drop-in to produce a code of practice for the facility as a whole. The code of practice is intended to set down the principles governing the facilities and in particular provide guidelines for workers dealing with reported cases of abuse and confidentiality. Issues considered in the production of the code included, the need for Scottish Criminal Records Office checks, the lack of a senior officer, the need for a minimum ration of workers to young people and management support. Workers are also meeting on the first Wednesday of each month, to monitor the code and discuss issues which have arisen at the Drop-in. The Health Promotion Department has produced a three day training programme to ensure that all members of the drop-in team understand the code of practice and the implications for their practice. This training is due to take place in August 1996.

43. Following the introduction of the Sexual Health Clinic within the Drop-in facility a study is to be commissioned in April 1996 to explore the perceptions of the Community and Mental Health Services Trust, the Family Planning Service and the School Health Service in order to examine the repeatability of such a project from a management perspective.
The evaluation strategy for the sexual health clinic is currently being developed. Key research questions will include: does the school based clinic merely replicate an existing service or does it serve a new segment of the community? Is there a reduction in teenage pregnancies in the area and is so how much of this can be attributed to the existence of the clinic? What impact does the service have on - the onset of sexual activity? and delay time (seeking a medical form of contraception)?

**Links with the wider school**

A school Health Promotion Co-ordinating group was re-established in September 1995. The aim of the group are: to identify gaps in the provision of health education in the curriculum. to raise awareness generally on health issues with staff and pupils and to co-ordinate all health related activities within the school. To date a curricular audit is underway and an S1 Health Awareness day is planned for 13th June 1996.

In April 1996. £500 was granted from the school funds to develop a health education resource library. A range of materials on sex education, eating disorders, divorce, bereavement, relationships etc. have been purchased for use by pupils and staff alike.

**Future Developments**

As part of a consortium of youth projects, the advisory group submitted an application to the Charities Board of the National Lottery. The aim of the bid was to create a youth support team. including funding for the post of a full time youth health worker. Unfortunately this bid was unsuccessful.

As the work in Drumchapel High School is part of a bigger picture of health related youth initiatives throughout Europe, the Advisory group have been considering some kind of youth exchange. Possible projects in Europe are currently being contacted.

An extension application to HEBS has been drafted to enable us to consolidate the work of the project through enabling parents to extend the impact of the health club by linking activities of the club to activities at home and through addressing the wider needs of parents whose teenagers attend the health club and the drop-in and the needs of parents in the wider community. A decision on this application is expected shortly.

The next report to HEBS will include the results of the first phase of the cohort study, perceptions of key workers, an analysis of members attendance records and management’s views on the roles, costs, benefits and repeatability of the project.
2. Health Club

A) Programme for 1995-96

In August 1995, 14 new pupils from S2/ S3 were referred to the health club. During 1995 - 96 a variety of activities which were intended to raise the self esteem/ self confidence of health club members was organised. Underpinning these activities are the Health for All principles of participation and equity. In particular members took part in:

August 1995

**Healthy Eating:**
Healthy foods continue to be provided to club members to supplement the meal that they receive from Catering Direct. The Community Dietician from the Community & Mental Health Services NHS Trust also organised a poster competition to promote healthy eating. The winning posters have since been displayed in the health centre.

December 1995

**Fund-raising**
This idea came from health club members themselves. Members created Christmas decorations, and obtained second hand goods for sale. An empty shop in the Shopping Centre was taken over for the week before Christmas. A total of £300 was raised of which £50 was sent to Childline.

March 1996

**National No Smoking Day:**
A shop dummy was obtained from Marks and Spencers and was adapted to illustrate the damage caused by smoking cigarettes. Health club members also produced posters and organised competitions in the school to raise awareness about the risks of smoking. On the day attention was focused on the main foyer of the school. A Board Game for use in Primary Schools based on the Snakes & Ladders concept was produced. The Health Promotion Department are currently assisting the group to publish it.

April 1996

**Graduation of S4/S5 Members:**
Older established club members have gradually moved on to attending the drop-in on a regular basis. As the club has expanded it has also become necessary to ask older members to leave. It was decided to do this through a presentation of certificates to members from S4/S5.

May 1996

**Bullying:**
A discussion was held with members concerning the report “Bully proofing our school”. Health club members also made recommendations to school staff based on the report.

**Leaflet/ Booklet:**
To promote the work of the health club to the whole school, members have produced a leaflet/ booklet which provides information about the club and its activities.
June 1996

**S1 Health Day:**
As part of Drumchapel Health Week, members are organising a food tasting using 5 basic healthy foods (potato, carrot, pasta, apple rice). This day is aimed at all pupils in S1 and Health Club members will be one of a variety of groups taking part.

**B) Evaluation of the Health Club**

In the first report we identified answers to the questions of how the health club members were perceived by school staff and their peers. In this report we offer the perspective of parents/guardians. We have also begun the process of identifying what changes in health awareness, self esteem, confidence, behaviour and health status can be seen in the members of the club over a year.

In addition to following a cohort of new members we are also keen to secure the perceptions of key workers.

**I) Progress of a cohort of members and perceptions of key workers**

This study was commissioned in January 1996 and is being undertaken by the Psychology Department of Glasgow Caledonian University.

**a) Research Areas - Club Members**

1. How members feel about attending the Club.
2. Exploration of awareness of health issues, behaviour, self-esteem, self-confidence, locus of control, psychological and social well being.
3. What the members feel they are getting out of the club.

**Methodology**

The methodology was carefully thought out with a view to enhancing rather than undermining the work of the Health Club. For this reason the use of standardised questionnaires was rejected by the researchers in favour of a method using focus groups (February 1996) to highlight areas to be addressed and to supply information relating to the young people's perception of the club in a natural conversational setting. Follow up individual interviews are to be conducted in the context of a Club visit to the University (August/September 1996) with opportunities to take part in varied activities designed to empower and increase self esteem such as the use of video equipment to practise social skills and the use of computers to acquire knowledge and increase confidence with technology.
b) **Research Areas - Key Workers**

1. How much does the success of the Club depend upon the personalities and roles of the staff?
2. What sort of management support is required?
3. How could the project be repeated?
4. How have key workers' attitudes and practice changed and why?

**Methodology**

Focus Group (Spring 1996) with separate interview for the Head Teacher. Opportunity to address private or confidential issues or viewpoints (Sept. 1996)

**Reports**

Following analysis of data two reports will be submitted to the Advisory Group in Spring 1996 and October 1996.

**Dissemination**

Discussion has taken place regarding any publications which may be produced following this study and it has been agreed that it would be appropriate for the researchers to seek publication of the methodology and for joint publication to be made concerning data. Publications would make appropriate acknowledgements to funders and participating organisations.

II) **Perceptions of Parents/Guardians (summary)**

(A full report on this study is available.)

The field work for this study was undertaken by researchers from Drumchapel Community Health Project in October/November 1995. (An interesting aspect of this study is that the local health project became involved in a piece of research in the local community so strengthening links between the Health Promoting School and the community.)

**Method**

25 parents/guardians of members of the Health Club were interviewed in their own homes using a semi-structured interview schedule. If possible both parents were interviewed but separately. In practice this was only possible on 4 occasions. Access to either parent/guardian was not possible on 4 occasions.
Results

a) Understanding of Club and Referral System:

Virtually all the parents had heard of the club and were aware that their children were attending and indicated that they were under the impression that they enjoyed it. About half knew about specific events. There was little indication that parents knew how or understood why children were referred to the club.

b) Impressions of the Club:

Parents were asked what their children thought of the Club. Comments were extremely positive - "brilliant", "looks forward to going every week", "making friends", "always talking about the Club", "more willing to go to school as he has more friends", "matured", "enjoys healthy eating". Parents were also asked for their own views on the Club. Again responses were extremely positive - "my daughter is looking after herself", "it brought my daughter out of herself and gave her added confidence", "addresses problems that teenagers can't or won't bring up in a classroom situation", "if it helps my son it helps me".

c) Changes due to the Club:

Parents were asked to analyse any changes they had noticed in their children. Positive changes such as an increase in confidence, an improvement in eating habits personal hygiene and exercise, increased maturity and independence were associated with the Health Club. Negative changes such as deteriorating behaviour, aggressiveness and frustration were put down to hormonal changes.

d) Parental Involvement:

There was reluctance to becoming directly involved with the club either because of pressure of time or a view that parental involvement may inhibit those who attend. However, there was support for involvement in specific events, meeting staff and a request for information on healthy eating for parents to follow up the work of the club. One parent noted that the Club had been instrumental in enabling the family to discuss issues. Overall, responses indicated that some parents were willing to adopt a partnership approach with the Club.
e) Important Issues

Issues felt to be important for the Club to address. (in order of popularity)

- Drugs 92%
- Sexual Health 75%
- Smoking 70%
- Accidents 66%
- Relationships 62%
- Diet 54%
- Stress 45%
- Exercise 41%

Other issues mentioned were disability, teenage pregnancies and bullying.

Conclusions and Recommendations

There was an overwhelmingly positive response from parents to the Health Club. There could be an opportunity to develop a partnership with parents by:

- A newsletter.
- Involvement in specific events
- Providing backup for parents to continue the work of the Club at home e.g. healthy eating information

III) Analysis of Attendance Records.

Attendance records which relate to the year previous to joining the club and the first year as a member will be analysed to identify any changes in attendance patterns. Records covering two entire school years will be available in August 1996. Anecdotal evidence suggests that attendance improves with membership of the club. Particular attention will be paid to the record of unauthorised absences (exclusion and truancy).
3. **Drop-in Facility & Sexual Health Clinic**

An extension in funding has enabled us to begin to evaluate the drop-in facility and develop a sexual health clinic, the first of its kind on a school campus in Scotland. The sexual health clinic operates at the same time as the drop-in and was launched on 5th April 1996. The drop-in takes place on the ground floor of the Family Learning Centre attached to the school, and the sexual health clinic initially operated on the first floor of the centre and has since been relocated to the ground floor alongside the drop-in.

**A) Literature Review**

An extensive literature review was undertaken to inform the development of both the drop-in facility and sexual health clinic.

**School Based Health Clinics - A Summary of the available literature.**

The overall aim of this literature review was to identify the factors that contribute to the development of a successful school based health clinic, particularly those that provide contraceptive information and services for teenagers. It was also hoped that such a review would:

- identify any issues that would need to be addressed by the team responsible for the development of the facility in Drumchapel
- highlight important aspects of the service that we should evaluate in both the short and long term, in particular what we should evaluate or monitor from the introduction of the service
- identify the important factors that influence teenagers to secure contraceptive information and services. This information will be particularly valuable in designing publicity material about the services.

The key terms 'young people', 'teenagers' and 'adolescence' were used together with 'health services', 'clinics', 'contraception', 'family planning' and 'schools'. A variety of major bibliographic databases were searched, namely; CNAHL, MEDLINE, HEBS, and the Social Sciences Index. Literature from 1988 onwards was examined. Approximately 15 articles were found the majority of which related to projects in North America.

**Background**

In 1992 the Management Executive produced guidelines for reviewing family planning services. This report identified young people as a group with a relatively poor uptake of contraceptive services, and their need for separate, less formal family planning arrangements was emphasized. Also in 1992, the Health of the Nation paper set a target of a 50% reduction in the rate of conception among girls under 16 years over the period 1989 to 2000 for England and Wales.
The development of school based health clinics in both North America and more recently in this country has grown because of their potential to both reduce unintended teenage pregnancies and increase attendance at school and school performance.

There is a strong consensus in the literature that disadvantaged young people need access to better health care in order to succeed in school.\(^3\) This is confirmed by the World Health Organisation (WHO) which says recent research has confirmed strong links between health, school attendance, and educational achievement.\(^1\)

In North America in January 1995 there were more than 500 School based health clinics in operation, with many more planned.\(^5\) The literature review conducted identified no examples of such clinics within the UK, however this may be because such developments have yet to be written up.

This account therefore of the development of a school based health facility for young people incorporating a drop-in and sexual health clinic may be the first of its kind.

The National Research Council of the National Academy of Sciences in North America has singled out comprehensive health clinics in schools with large high risk populations as a most promising approach to pregnancy prevention.\(^6\) Studies show that more comprehensive clinics i.e. those clinics which offer more than just family planning, attract young people.\(^7\) A comprehensive service appears to increase confidentiality, as other young people using the service do not know why another young person is there! Offering a comprehensive service also enables health professionals to incorporate family planning and sexual health services to young people who may consult about an unrelated health issue.\(^8\) Offering a comprehensive service therefore increases the likelihood of young people at risk being reached.

Whilst the literature is clear about the need for a comprehensive service it is less clear whether services should be provided by one professional or range of professionals in one site, and the extent to which referrals should be made. There is however an apparent drive in North America to increase the links and co-ordination between social and health services with the school as the central focus.\(^9\) This often involves the organising agency contracting with other agencies to provide specialised services, for example, mental health counselling, substance abuse counselling, nutrition counselling, health education and family planning.

A common concern raised by opponents of school based is clinics is that the existence of such facilities might encourage adolescent sexual activity. To date no studies in the literature found that rates of sexual activity increased among young people using the school based health clinics. Other studies have also indicated that the presence of school based clinics did not contribute to the number of young people who were sexually active.\(^10\) In some studies, young people who use school based health clinics were found to postpone first intercourse by an average of seven months longer than those not using the clinic.\(^11\) Studies also show other positive effects such as a decline in birth rates, and high contraceptive continuation rates.\(^12\)
Factors of successful clinics

Organising a school based clinic is a long and complex process, involving consultation and approval from officials of the school, and the agencies which might contribute services. This process can often take as long as a year. Two other dimensions to the success of clinics is the involvement of parents/the wider community and a systematic needs assessment of the young people to be served by the facility.13

Parents can be “articulate and effective advocates for their children” and the “viability of the clinics would be furthered by increased efforts to reach and involve parents in the health of their adolescents”.14 In one study, the services of most interest to young people included, care of minor illnesses and injuries, availability of medication, sports physicals, health promotion and birth control information. In the same study parents were interested in health promotion information, STD information, care for minor injuries and counselling services for their adolescents.15

Involving parents and community leaders in advisory committees alongside school staff and others can ensure that a number of people have some ownership of the facility.16

There is a great diversity in the location and opening times of school based clinics found in the literature. Most however, are located within school buildings with the remainder adjacent to school grounds. The vast majority of clinics are open during the entire school week and nearly half maintain summer operations. There is also considerable diversity in which agencies are responsible for the development and maintenance of services. For example in North America in 1988, 33% of programmes were run by hospitals, 23% health departments, 20% non profit youth agencies, 17% community health centres, 4% schools and 3% family planning agencies.17

Factors that influence teenagers to obtain contraceptive services and information

The link between achievement at school and teenage pregnancy is recognised by several studies. In the past, leaving school early was viewed as a consequence of teenage pregnancy, however, recent studies indicate that young people with low academic ability are much more likely to become parents, especially if they are from disadvantaged families.18 Other studies have shown that there is a strong relationship between socio-economic status and the delay time between first intercourse and seeking contraceptive advice and services. Young people typically wait an average of more than a year before securing a medical form of contraception. Those waiting between 1 and 2 years before securing a medical form of contraception have been shown to include the most vulnerable young people, for example, young people who are victims of rape of sexual abuse, who come from the lowest socio-economic group and become sexually active at a much younger age.19
The literature highlights a variety of factors about school based clinics that are important to young people presenting for advice and services about sexual health, namely:

- they don’t tell your parents you come
- the services are confidential
- there should be a variety of services (comprehensiveness)
- the clinic should feel safe
- staff are friendly and trustworthy
- there is a strong sense of caring
- young people are not judged or made to feel guilty or dirty
- consultations are informal and relaxed
- young people are treated as individuals not as a homogeneous group

Research discussed in the literature suggests that young people who have more contact with a school based clinic use contraceptives more consistently than those with fewer contacts.\textsuperscript{20} Central to maintaining the involvement of young people in the facility is the relationship that they have with staff.

**Evaluation and future research needed**

The ideal research design for measuring program related changes in pregnancy rates would include random assignment of students to treatment and non treatment groups with longitudinal pre-testing and post-testing among both groups.\textsuperscript{21}

In the immediate and short term however, a number of aspects of school based health clinics can be examined. Any monitoring of the facility should include information about what takes place during the visit i.e. what is the proportion of time spent on skill building, information giving etc. It is also important that young people who miss scheduled appointments be followed up, in an effort to maintain contraceptive use.\textsuperscript{22}

The number of conceptions in an area can be identified through information from the Office of Population Censuses and Surveys. This should provide invaluable baseline information, namely of births and termination’s for the area within the target population. This information can be secured on an annual basis during the study period to determine what impact if any the provision of a school based clinic has, if compared with a control area.\textsuperscript{23} The number of conceptions in each age group can be obtained by adding births and termination’s, incorporating a correction for the increase in maternal age between conception and delivery.

Given the importance of socio-economic status, it is important to secure an indicator of this from those young people presenting. Eligibility to receive free school meals has been found to be related to an early age at onset of sexual activity and long delay time.\textsuperscript{24} It will be important therefore to record this information as part of ongoing monitoring of the uptake of services.
It is also important to secure information about delay time. That is, when is the onset of sexual activity planned? or when did first intercourse take place? and what was/is date of the first visit to a family planning service. Answering these questions in months is consistent with other studies. As an option for those who have difficulty remembering, young people can be allowed to choose the season that they started sexual intercourse. In such circumstances, the middle month would then be used for computing delay time.

Further research is needed into why young people delay seeking contraceptive information and services. Evaluation is also needed to assess if school based health clinics just substitute for another clinic or if they serve a new segment of those in need?

**Conclusion**

A school based health clinic is therefore a facility which is either based within the school or adjacent to it. The clinic should provide a comprehensive range of health services, including family planning, counselling and referral, and seeks to link and integrate health and social services for teenagers with the school as the central focus. Therefore the provision of such services, rather than increase the level of sexual activity amongst young people can have a positive impact, such as a decline in birth rates, high contraceptive continuation rates and a postponement of first sexual intercourse by an average of seven months.

The involvement of parents and young people in determining what services should be available are important factors in the successful development of school based health clinics.

**References**

B) Drumchapel Drop-in Facility

I) Young Person’s Committee

Integral to the success and operation of the drop-in is the existence of the young person’s committee which takes responsibility for managing the facility. Since the drop-in was created, the committee have met approximately every 2 months to plan activities and discuss how the facility should develop. More recently the committee have developed a constitution and held their first AGM (See appendix 2).

II) Drop-in activities

Available at the drop-in every week is a selection of healthy foods which are prepared and served by a member of the young person’s committee, buffet style, free of charge. Wholemeal bread, cheese, cold meats, crackers, peanut butter, pickles, fresh fruit when in season, tea, coffee, soup, juice and bovril are offered.
The setting is informal with no apparent structure/ format although some weeks an optional activity is arranged to encourage attendance. Workshops and activities requested and planned by the young person’s committee have included:

CPR training and the removal of foreign bodies - this was considered important as many of the young people who use the drop-in have responsibilities at home for minding younger children.

Clyde Unity Theatre - Role plays about Family Relationships.

Sexual Health discussion groups and exercises.
Irene Fraser, Youth Team. Inequalities in Health Initiative
(Part of the Health Promotion Department)

Spiral Project - Art work

Music Workshops - provided by adult team members

A wide variety of activities have been organised because of the wide age range that the drop-in caters for. Older users enjoy discussion groups and role play, while the younger users enjoy handicraft and art work.

The drop-in is affiliated to the Strathclyde Youth Clubs Association, who organise an annual competition for young people who demonstrate exemplary behaviour. Two young men from the drop-in were nominated for this competition and were presented with awards of merit for their conduct. The awards ceremony took place at the City of Glasgow Council Chambers on 12th June 1996. This is another good example of how the drop-in has provided opportunities to show case the achievements of its users.

C) Sexual Health Clinic

1) Practical Arrangements

The opening of the Sexual Health Family Planning Clinic on April 6th, brought enthusiastic enquiries from young people, both young men and young women. Figures of attendance will follow in subsequent reports.

The Family Planning & Sexual Health Directorate of the Community & Mental Health Services NHS Trust have arranged for the provision of furniture for the clinic. Furniture in keeping with the informal atmosphere of the Family Learning Centre has been purchased from Blindcraft. Pharmacy supplies and health promotion materials have also been provided.

The Directorate have also developed protocols for nurse supplying of emergency and hormonal contraception (see appendix 3). During the Sexual Health Clinic, there is a doctor available by phone and for ongoing referral if necessary. The Community & Mental Health Services NHS Trust will be evaluating this important development. The Family Planning Nurse has attended training sessions for nurse supplying, for legal issues surrounding confidentiality and she has also attended a counselling course to develop her counselling skills.
II) Service Sheet

To help open up discussion between the Family Planning Nurse and young people using the clinic a service sheet has been produced (see appendix 4). The sheet has been developed by Irene Fraser, Youth Team. Inequalities in Health Initiative (Part of the Health Promotion Department) in conjunction with members of the young person’s committee and members of the advisory group. The service sheet is also a valuable tool in our monitoring of the uptake of services. The sheet is confined to two sides of A4, and invites young people to tick the boxes of issues they are interested in. Five categories of help and advice are included:

- Sexual health
- Contraception
- Do you want to talk about? (Counselling)
- Pregnancy
- Referral (Other services)

Young people take the completed sheet into the consultation with them. A health care worker and other adult members of the drop-in team are available to help them complete the sheet.

III) Publicity Arrangements

The young person’s committee and other drop-in users have produced a name for the sexual health clinic. Among the options considered were:

- C.U.S.H.Y. - Care, understanding and Sexual Health for young people.
- The G15 Spot
- D.A.S.H. - Don’t leave it too late
  Drumchapel Advice and Sexual Health for Teenagers.

C.U.S.H.Y. was very popular amongst younger users in the 13 - 15 age group. The G15 Spot whilst liked by older members it was not understood or appreciated by everybody. It was possibly too sophisticated. D.A.S.H. Don’t leave it too late. Drumchapel Advice and Sexual Health for teenagers was the name decided upon.

A logo has been developed and posters and information cards (credit card style) are currently being produced to advertise the service. A review of the literature on school based health clinics suggested that the following factors are important:

- the services are free and confidential
- the clinic should feel safe and friendly
- friendly staff
- a strong sense of caring
- young people are not judged or made to feel guilty
- consultations are informal and relaxed
- young people are treated as individuals
These factors which we have tried to incorporate in the code of practice for the service and in the practice of workers have also been promoted in the printed materials currently being produced.

No press or media publicity has been sought for the service to enable existing drop-in users to gain access to the service first. This also gives us an opportunity to iron out any initial teething problems that we might encounter. Word of mouth however has also been an effective mechanism for promoting awareness about the existence of this new service as there has been an average of between 6 - 12 young people using the clinic on a weekly basis. A formal press launch is currently being planned for Autumn 1996. In the interim the Community & Mental Health Services NHS Trust Press Officer has produced a holding statement should the press make enquires about the service.

IV) Opportunities for Counselling/ One to One

A key aim of the drop-in is to provide vulnerable young people with the opportunity to discuss their problems with an adult in a one to one situation and have their problems referred for on-going support if appropriate.

In the coffee bar of the Family Learning Centre where the drop-in operates, a small curtained room is available for such one to one support. Keeping this room for one to one purposes has however proved difficult as many of the older drop-in users have begun to use the room as an “inner sanctum”. They have created this “inner sanctum” through using the room as their own personal space, restricting younger users from using the room. Workers are currently trying to reclaim this room for one to one use.

The sexual health clinic service sheet includes opportunities for counselling/ one to one on issues such as bullying, life at home, stress/not coping etc. The workers team have agreed which adults will deal with which issues and after the young person has had an opportunity to discuss their sexual health information needs with the Family Planning Nurse, they are also given the opportunity to discuss other issues with another member of the adult team. The literature review conducted identifies that the more comprehensive a facility is, the more attractive it is to young people. The literature does not make clear however whether such a comprehensive service should be offered by one or a range of professionals. Many young people have taken up this option of one to one, however the mechanics of concluding one consultation before passing a young person onto another member of the team to discuss another perhaps related issue has proved clumsy. This is an aspect of the service which we also hope to address in the evaluation. Some members of the workers group are also concerned that the service may loose its specifically sexual health focus if we try to meet all of the users needs for support and advice.

V) Workers Code of Practice

The creation of the sexual health clinic prompted the group of workers involved in the drop-in to produce a code of practice for the facility as a whole. The code of practice is intended to set down the principles governing the facilities and in particular provide guidelines for workers dealing with reported cases of abuse and confidentiality. There is a range of professionals and agencies involved in the drop-in and each has its own policy on confidentiality or abuse. In some cases no policy was apparent.
Five meetings were held with all workers and some managers involved in the drop-in and sexual health clinic during December 1995, January, February and March 1996. Advice and guidance was also available to us from the Scottish Child Law Centre on Confidentiality.

The final version of the code is attached in appendix five. The code has six sections, namely:

- Introduction
- Principles underpinning the facilities
- The drop-in
- The sexual health clinic
- Confidentiality and
- Training.

The main issues which we had to reach decisions on were concerning:

**SCRO Checks**

Where adults are in contact with vulnerable young people, statutory agencies can conduct a check with the Scottish Criminal Records Office. Such checks are customary for all new appointments in both Social Work and Health Visiting for example. Checks were not conducted however for either Health Promotion Officers, Youth Workers or Volunteers from Lay Health projects. Scottish Law is different however from English Law preventing voluntary organisations from obtaining checks. It was agreed therefore that the statutory organisation with a management responsibility for the relevant voluntary projects be responsible for the SCRO checks of volunteers. The employing agencies of HPO’s and Youth Workers also agreed to undertake SCRO checks.

**No senior officer**

As an interagency project which is managed by the Community & Mental Health Services NHS Trust, there was no identifiable senior officer on duty at any given time. The need for an indefinable senior was important in procedures for breaching confidentiality. It was decided therefore that each member of the team would need to consult with their direct line manager by telephone before breaching confidentiality.

**Minimum ratio of workers to young people**

The number of both workers and young people attending the drop-in was unpredictable and therefore it was agreed to produce a rota of workers at the start of each month. No guidance is available in Law however given the vulnerable nature of the young people a ratio of approximately 2 adults for every 15 young people was agreed.

**Management support**

It was important to workers that their management were aware of the guidelines being produced and that they agreed with their contents and were also willing to provide the necessary training detailed in the code. The code has now been circulated to all managers and they have been asked to sign and return their endorsement of it.
Confidentiality - When considering whether to breech confidentiality all workers need to be clear about what counts as a disclosure? For example are joke remarks and comments by others considered? It was agreed that all comments and remarks would be treated seriously.

It was also agreed that confidentiality would only be breached when young people were considered in a dangerous or life threatening situation. Such situations are defined in the code in the appendix 5. A procedure for breaching confidentiality is also outlined. This policy will be widely publicised within the facility with the suggestion that if a young person does not want something to go further they can call a help line such as Childline.

Workers meetings - Workers in the drop-in had previously tried to de-brief at the end of each session, however, this was proving to be impractical. It was therefore agreed to meet as a team on the first Wednesday of every month to produce the rota, monitor the code of practice and discuss other relevant issues.

The Health Promotion Department has produced a three day training programme to ensure that all members of the drop-in team understand the code of practice and the implications for their practice. This training is due to take place in August 1996.

D) Evaluation of Drop-in Facility & Sexual Health Clinic

1) Roles and Repeatability - The Management Perspective.

Following the introduction of the Sexual Health Clinic within the Drop-in facility a study is to be commissioned in April 1996 to explore the perceptions of the Community and Mental Health Services Trust, the Family Planning Service and the School Health Service in order to examine the repeatability of such a project from a management perspective.

Key Research Questions

1. Is the model repeatable?
2. Is the running of the Health Club and Drop-In Facility perceived as an appropriate role for Health Visitors? School Nurses? Other NHS Staff? Family Planning Staff? Teachers?
3. To what extent does the model rely on management support and/or good will.
4. What is the perceived workload associated with the Project and does this perception match reality?
5. What are the perceived costs and benefits of involving Health Visitors, other NHS staff and Education Service Staff? Does this for instance require a change in allocation of other duties? Is this feasible?
Method

1. In-depth interviews with key informants.
2. Findings will be presented to participants and the Advisory Group in the form of 3 focus groups and discussion and feedback will be used as data to inform the final report.

Report

Data will be analysed and a final report submitted to the Advisory Group in July/August 1996.

II) Sexual Health Clinic

The Evaluation Strategy for the Sexual Health Clinic is currently being developed.

Outcome Evaluation:
This relates to the aims and objectives of the Clinic

Aims:
- to promote young people’s physical and emotional well being
- to reduce unwanted teenage pregnancies in the longer term
- to improve access to family planning services for teenagers

Objectives:
Having attended the family planning and sexual health clinic young people will:
- Know more about contraception
- Understand options available to them
- Feel confident to make choices
- Take appropriate action for themselves

Key research Questions

- Does the school based sexual health clinic merely replicate an existing service or does it serve a new segment of the community i.e. what are the characteristics of the service users and how does that compare with a more traditional service?
- Is there a reduction in teenage pregnancies in the area and if so how much can this be attributed to the existence of the sexual health clinic?
- What do young people identify as important sexual health issues?
- Does young people’s knowledge and understanding of contraception improve after visiting the clinic?
- What impact does the service have on
  - onset of sexual activity?
  - delay time (seeking a medical form of contraception)?
Process Evaluation:

This relates to how the Clinic is operating.

Key Research Questions

- Does comprehensiveness matter?
- Does the location of the sexual health clinic within the Drop In Centre make any difference?
- Would young people prefer to see one person for all their health queries?
- Protocol - views of staff and young people
- Code of Practice - is this workable?
- What is the extent of repeat visits and missed appointments?
- Service Sheet - Do young people find it easy to complete and is it a valuable way of opening up debate?

Proposed Methods

a) Record Keeping in relation to consultation

- Personal characteristics of clients e.g. age, gender, family circumstances
- First or repeat visit
- Delay in seeking medical advice /reason for delay
- Supplies given
- Length of consultation
- Needs identified by client
- Needs identified by clinic
- Referral made - to whom
- Information given
- Counselling
- Skill building
- Giving and explanation of treatment

b) Qualitative Research (semi-structured interview/focus group) with Clients

The objective of this element of the evaluation will be to explore the young peoples views about the value of the service to them.

c) Collection of data relating to knowledge and understanding of sexual health issues.

Knowledge and understanding of young people who have attended the clinic will be compared with a control group.
d) **Semi structured interviews/Focus group with key workers.**

Views of staff on the process of the clinic will be explored.
4. Links with the Wider School

A) School Health Promotion Co-ordinating Group

A school Health Promotion Co-ordinating group was re-established in September 1995. Membership was on a voluntary basis with additional members invited to join if it was felt they could bring expertise to the group e.g. Jean Kerr, Head of the School Dining Centre and Sandra Wilson, Senior Health Promotion Officer.

The groups aims are:

1. To identify gaps in the provision of Health Education in the curriculum.
2. To raise awareness generally on health issues with staff and pupils.
3. To co-ordinate all health related activities within the school.

To date a curricular audit is underway and an S1 Health Awareness Day is planned for the 13th June 1996. The Health Club is to run a GOOD FOOD cafe on this day.

As three members of the group are also members of the Drumchapel Health Club Advisory Group there are no problems as to the co-ordination of activities.

B) Health Education - Resource Library

In November 1995, Principal Teachers in the school were invited to submit to the Head teacher bids for funds for curricular development. The Care and Support Department requested funds to set up a health education resource library.

The aim of the resource library are:

- to provide appropriate materials for children experiencing a range of problems
- to provide resources for staff development in particular materials in group work and individual support

It was hoped that this resource would be available to all agencies and professionals working in the school with the department. £300 was granted for this purpose with a further £200 added in April 1996.

Most of the money has been spent on the pupil learning library which has a wide range of attractive books on topics such as sex education, eating disorders, divorce, bereavement, relationships and general teenage worries. Games and packs for use with groups, such as the Grapevine Game have also been purchased. These are attractively displayed in the support base and are used by many members of the Health Club among others.

A small staff development section has been started and will be extended as funds allow.

The school was recently visited by HMI, who remarked on the important role that the Health Club and the drop-in played in meeting the needs of pupils for support and information and advice.
5. Future Developments

A) Lottery Bid

The project is part of a Consortium bid to the Charities Board of the National Lottery. The Consortium is made up of the project, Drumchapel Opportunities, Drumchapel Law and Money Advice Centre with support from the Youth Development Officer for Drumchapel. The amount requested from the Charities Board is £383,118. This is for a 3 year period.

The purpose of the Consortium bid is to form a Youth Support Team comprising a Youth Money Advisor, a Youth Health Worker, a Youth Employment Advisor/Manager and an Administrator. The team would have a centrally situated base in Drumchapel Shopping Centre which would have a drop-in element to it. They would carry out the bulk of their advisory work in outreach settings in the community e.g. the High School Drop-in. The workers would also have access to the Youth Bus facility to do “surgeries” right out in the community and also a modern IT infrastructure which will link in to an emerging Drumchapel Information Network.

The application was submitted in February 1996 and the Charities Board assessors have made a visit out to Drumchapel to clarify certain details in the application. This was a very positive meeting.

Unfortunately the bid was unsuccessful and enquiries are currently being made to establish why the bid failed.

B) Youth Exchange

As part of the notion of the work in Drumchapel High School being part of a bigger picture of health-related youth initiatives throughout Europe the suggestion of some kind of Youth Exchange was explored.

In discussions it was felt that the idea of a multi-national Youth Health Exchange would be a useful way of the group from Drumchapel mixing with different cultures and hearing from a variety of initiatives. Initial discussion with the Scottish Contact for the Youth for Europe scheme proved hopeful that grant aid may be forthcoming for a Multinational Youth Health Conference based in Drumchapel with representatives from 8 countries (5-6 people per group). A circular was sent out to potential contacts via the Healthy Cities mailing.

There was considerable interest from a variety of countries within Europe. Unfortunately the quickest to respond were also those countries who were not eligible for European Community funds i.e. Eastern European countries. Positive contacts were also made with projects in Liverpool who are also not eligible for funding on a “Youth Exchange” basis because they are technically the same country.

A further complication was identifying funding to match the Youth for Europe funding. In view of these obstacles the Conference has been put on hold for Summer 96 whilst potential funders can be identified, contacts firmed up with groups who are eligible for funding. There include Ireland, Portugal, Sweden, Holland and Austria.
There is certainly strong interest from these groups and it is logistically easier to organise around known groups and contacts.

The conference will be about sharing initiatives, ideas and issues: cultural awareness raising and also using arts forms to work together across language barriers.

C) Parental Involvement

Health education is a shared responsibility between home and school. Previous research suggests that parental involvement increases the impact that health education measures can have on young people’s behaviour. Parental support and co-operation is therefore central to the concept of the health promoting school.

Findings from the Parents perceptions survey undertaken last year identified that whilst there was a reluctance to become directly involved in the club, there was an interest and a willingness to adopt a partnership approach with the club. Some of the areas for involvement identified were: proving information on healthy eating to support work being carried out in the club and producing a newsletter for parents to keep them informed on club activities.

An extension application to HEBS to enable such developments to take place has been drafted. The aims and objectives of this phase of the project would be:

Aims
- enabling parents to extend the impact of the health club by linking activities of the club to activities at home
- address the needs of parents whose teenagers attend the health club and drop-in and the needs of parents in the wider community

Objectives
- to provide back-up information and skills to enable parents to continue to create a health promoting environment at home
- to identify the needs of parents for support and advice
- to establish relevant support systems for those who care for teenagers in Drumchapel e.g. Drop-in for the parents of health club members and the wider community, parenting courses, self help groups, phone lines or information points.

The deadline for applications was June 1996 and we expect to hear a decision shortly.
6. Conclusion

The health club programme offered continues to address the aims of the project through providing activities which are concerned with raising members self confidence/esteem, empowering young people and creating opportunities for them to showcase their individual talents and abilities. Parents' perceptions of the health club and its impact on their children were extremely positive. Positive changes included increased confidence, improved eating habits, hygiene and increased exercise. Whilst parents were reluctant to become directly involved in the club, there was a willingness to follow up the work of the club at home. Overall responses indicated that some parents were willing to adopt a partnership approach with the club.

Work to consolidate the Drop-in has taken place, as the young person’s committee have become fully constituted and held their first AGM. The workers group have also developed a code of practice which has strengthened procedures in the drop-in relating to confidentiality and dealing with reported cases of sexual abuse. Some practical difficulties have been experienced however in providing one to one opportunities for drop-in users although steps are being taken to restore this. This is also an important area which we will explore in the evaluation of the project. It is recognised that the drop-in is not a vehicle for providing ongoing support to young people with acute problems, however consideration could be given to developing better links with Secondary Care services such as the Adolescent Unit at Gartnavel Royal Hospital.

The sexual health clinic began operating at the beginning of April 1996, and has been well used by existing drop-in users and their friends. Publicity materials for the service are currently being prepared and will be available shortly. The service sheet that users complete before consultations will be a useful monitoring tool for us in identifying actual attendance figures and the important issues for this target group. The clinic will also be for the first time in Scotland following a nurse protocol for the supplying/administration of contraception. This protocol is based on one developed by the Brook Advisory Service in Liverpool. The Community & Mental Health Services Trust will be evaluating this important development which is central to the project’s repeatability.

Links with the wider school have been greatly strengthened through the re-established health promotion co-ordinating group. As this group and the advisory group share common members, co-ordination of the project and their related elements are good.

To enhance and extend the effectiveness of the project an application is currently being prepared for a further extension in funds from HEBS. A central component of the health promoting school is the links that it has with parents and guardians. Strengthening the existing links that both the school and the club have through for example the provision of a parents drop-in, information point, parenting courses e.g. cooking skills we believe will consolidate the project as a whole. A decision on this application will be forthcoming.

The next report to HEBS will include the results of the first phase of the cohort study, perceptions of key workers, an analysis of members attendance records and management’s views on the roles, costs, benefits and repeatability of the project.
Appendix One - Advisory Group Members

Carol Walker  Assistant Head Teacher, Drumchapel High School
Cathy Holden Nurse Manager, Community & Mental Health Services Trust
Until October 1995
Una Provan Nurse Manager, Community & Mental Health Services Trust
From October 1995
Jackie McFadyen Health Visitor, Community & Mental Health Services Trust
Ruth Laing Health Visitor, Community & Mental Health Services Trust
Margaret Green Principal Teacher Care & Support in Education Drumchapel High School
Sylvia Kerr Co-ordinator, Family Learning Centre, Drumchapel High School
Angela Dooley Pre Five’s Worker, Family Learning Centre, Drumchapel High School
Phil White Youth worker, Drumchapel Initiative.
Margaret Kinsella Co-ordinator, Drumming Up Health.
Ruth Kendall Senior Health Promotion Officer (Evaluation) Health Promotion Department Greater Glasgow Health Board
Sandra Wilson Senior Health Promotion Officer (West Sector Team Leader) Health Promotion Department Greater Glasgow Health Board.
Muriel Holroyd Nurse Manager Community & Mental Health Services NHS Trust Family Planning and Sexual Health Directorate
Rena Dunsmore Physical Activity Tutor Freelance
Observer member
Catriona Crosswaite Evaluator, Health Education Board for Scotland.
Appendix Two - Drop-in Constitution

1. Name

The name of the group is the Drumchapel High School Health Drop-in group hereinafter known as the Health Drop-in.

2. Membership

Membership is open to residents of Drumchapel aged 12-18 years of age.

3. Purpose and Object

The group aims to:-

a) provide a year round drop-in provision for young people
b) address health issues affecting young people
c) develop healthy lifestyle patterns at a younger age
d) do other things which are for the betterment of the health of young people in Drumchapel

4. Management Committee

a) will be made up principally of young people using the drop-in
b) will carry out decision making in the light of advice from the Health Club Advisory Committee
c) will carry out the following responsibilities:-
   i) ensuring the group meets its aims and objectives
   ii) ensure that proper financial records are kept
   iii) ensure the group abides by its constitution
   iv) call regular meetings of the group and an Annual General Meeting

5. Meetings of the Group/Management Committee

a) the group will meet monthly
b) the Management Committee will meet once a month in between full meetings of the group
c) the group will hold an annual meeting at a time and place convenient to the majority of members

6. **Rules and procedures for all meetings**

a) the quorum for meetings of the management committee is 3 out of 5

b) the quorum for the group is 20% of members

c) the minutes of meetings of the management committee/group will contain a record of all proceedings, resolutions and decisions

7. **Finance**

a) the Management Committee will be responsible for maintaining financial records and shall produce these when required

b) a bank account will be opened in the name of the group which will authorise 3 signatories one of whom will be the treasurers. All cheques must be signed by not less than two of the authorised signatories

c) accounts will be duly audited and presented at the annual general meeting.

8. **Dissolution of the Group**

In the event of the termination of the Group, the Management Committee will call a public meeting to dissolve the Group.

9. **Amendments to the Constitution**

The wording of the constitution will only be altered at the annual general meeting.
Appendix Three - Nurse Supplying Protocol

CRITERIA FOR NURSES SUPPLY HORMONAL CONTRACEPTION

The Family Planning & Sexual Health Directorates may offer hormonal contraception where named family planning nurses are on duty.

A named nurse will:

- have a National Board for Scotland Statement of Competence in Family Planning or equivalent
- normally have 200 sessions of clinical experience
- have been employed by the Directorate for at least one year
- have training sessions in preparation for supplying
- keep up to date in current family planning practice
- at all times work within the limits of their competence
- adhere to the UKCC Code of Professional Conduct
- be willing to accept this responsibility.

TRAINING SEMINAR FOR NURSES

Hormonal Contraception

- Establish basic knowledge
- Guidelines for hormonal contraception
- Protocols for nursing supplying
- Case studies
- Record keeping
- Follow up procedures

Legal Issues

- Age of Legal Capacity Act 1991
- Age of Consent
- Confidentiality
- Case Studies
THE DEVELOPING SERVICE

It is intended that nurses and doctors will continue to work as a team.

The particular situation which will benefit from nurses being able to supply hormonal contraception are:

1. organised team setting where the workload is such that this will deliver the service more effectively
2. drop-in/emergency clinic - particularly for emergency contraception
3. domiciliary/schools/outreach setting.

It is not the intention of the Directorate to move towards nurse only clinics at this time.

GUIDELINES FOR NURSE SUPPLYING OF HORMONE CONTRACEPTION

Objectives

- To demonstrate the effective use of named family nurses in supplying hormonal contraception.
- To ensure safe guidelines for supplying exists.
- To ensure referral to the family planning doctor when necessary.
- To facilitate improved access to family planning services.
- To audit service provision.
- To extend service to community family planning clinics.

Rational

The Patient’s Charter highlights the need to address patient waiting times in clinics.

- The Trust corporate standards include the notion of named nurses responsible for delivery of nursing care.


- The UKCC Code of Professional Conduct refers nurse to the following “as a registered nurse, midwife or health visitor, you are personally accountable for your practice and in your professional accountability must.
  1. act always in such a manner as to promote and safeguard the interests and well being of patients and clients
  2. ensure no action or omission on your part or within your sphere of practice is detrimental to the interest, condition or safety of patients or clients.
Within the Family Planning and Sexual Health Directorate, there are three situations where nurse supplying of hormonal contraception could be instigated.

1. Family Planning Clinic - where there is a doctor present and where nurses seek a signature from the clinic doctor after supplying emergency contraception, first time and repeat hormonal contraception.
2. Community/School/Outreach setting - where there is no doctor and where the nurse may be required to supply hormonal contraception, including emergency contraception.
3. Domiciliary setting - where there is no doctor present and where the nurse has the prescription prospectively written by the domiciliary doctor.

SUPPLYING OF HORMONAL CONTRACEPTION BY NAMED NURSE

Assess client needs

Complete Protocol + Clinic case sheet if first visit or emergency contraception proforma

Fulfils criteria of protocol for Named Nurse supplying prescription

Yes

Supply prescription
Sign, date protocol prescription
EC proforma prescription signed

Case note - Outside: Name of prescription
Nurse name, date
Inside: State protocol completed initialled

Protocol Signed by designated Doctor at end of session or within 8 days
EC Proforma signed by designated doctor at end of session or within 8 days

Follow up appt. as in guidelines 3 or 6 monthly

To see designated doctor in 21 months

No

Refer to Designated Doctor
Appendix Four - Sexual Health Clinic Service Sheet

D.A.S.H.

Drumchapel advice and sexual health service for teenagers

Welcome to DASH! To help get the discussion going when you come to see us, please spend a few minutes to complete the following. Everything you say here is confidential.

My first name: ____________________________

I am: Female ☐ Male ☐

My age:

Have you been before? Yes ☐ No ☐

If yes, how many times? 1 ☐ 2 ☐ 3 ☐ 4 ☐ Over 4 ☐

We’re here to help. What can we do for you?

The things that concern me are; tick any of the relevant boxes below.

<table>
<thead>
<tr>
<th>Sexual Health</th>
<th>Contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Development (changes to my body) ☐</td>
<td>Condoms/Pills and things ☐</td>
</tr>
<tr>
<td>Periods ☐</td>
<td>(general contraception) ☐</td>
</tr>
<tr>
<td>Explanation of sexual terms ☐</td>
<td>Emergency pill ☐</td>
</tr>
<tr>
<td>Relationships ☐</td>
<td></td>
</tr>
<tr>
<td>When is the right time to have sex? ☐</td>
<td></td>
</tr>
<tr>
<td>Dealing with pressure from friends ☐</td>
<td></td>
</tr>
<tr>
<td>Self examination ☐</td>
<td></td>
</tr>
<tr>
<td>Safer sex ☐</td>
<td></td>
</tr>
<tr>
<td>Other ☐</td>
<td></td>
</tr>
</tbody>
</table>
Do You Want to Talk About? (Counselling)

- Life at home
- Drink
- Drug use
- Stress/not coping
- Bullying
- Other

Pregnancy

- Pregnancy test
- Pregnancy options

Other services we can refer you to are (Referral):

- HIV/AIDS Counselling and testing
- Sexually transmitted infections (diseases)
- Sexuality/gay
- When sexual things feel wrong
- Violence
- General health
- Help lines

Other

Thanks.

If you found D.A.S.H. helpful, please tell your pals about us.
Appendix Five -

Drop-in and Sexual Health Clinic
Code of Practice

Background

The Drumchapel School based Health Drop-in operates from 3.30 p.m. - 5.00 p.m. every Wednesday afternoon. It takes place in the coffee bar on the ground floor of the Family Learning Centre on the campus of Drumchapel High School. The drop-in is managed by the Community and Mental Health Services Trust. As an extension of the drop-in, on the 6th of March 1996 a sexual health clinic was launched. This clinic operates at the same time as the drop-in. using accommodation on the first floor of the Family Learning Centre. Although the sexual health clinic is an extension of the drop-in. the two facilities have the potential to operate as discrete services.

This code of practice has been produced by the team of adults from the statutory and voluntary sectors who are involved in both the drop-in and the sexual health clinic (see end of this appendix for a full list). It is hoped that by adhering to the following principles and practice guidelines that young people will have a positive and empowering experience of both services. This final draft has been compiled through discussion with all those asterisked in the list at the end of this appendix. at meetings which took place on the 26th November 1995. 12th December 1995. 23rd January 1996 and 5th February 1996.

Code of Practice

1. Introduction

i. The aim of
   - the drop-in facility is to provide vulnerable young people with problems. information. advice and an opportunity for befriending. and counselling (supported discussion)
   - the sexual health clinic is to increase young people’s access to family planning services and in the long term reduce unwanted pregnancies.

ii. The facilities are open to all young people within Drumchapel and surrounding area.

iii. The facilities are for young people only!

iv. Young people are defined as teenagers i.e. between 13 and 19 years of age. Young people below this age seeking information on sexual health would be encouraged to participate in group activities in the drop-in as a one off. Anyone older than 19 would be directed to another family planning service. either at Drumchapel Health Centre or at Claremont Terrace.
v. Young people can drop-in to the facilities at any time on Wednesday between 3.30 p.m. and 5.00 p.m. They are not expected to attend regularly.

2. Principles underpinning the facilities

i. We shall seek to create an atmosphere in which young people feel welcomed, respected and trusted.

ii. All young people will be welcomed to the facilities by a member of the team at the entrance to the family learning centre.

iii. Young people who use the facilities will be actively involved in the decisions about their health.

iv. All members of the team will respond to the informed choice of young people and respect their decisions.

v. The provision of on-going non-judgmental support will be available.

vi. Sexuality will be discussed by young people with a member of the team either individually or in groups, ensuring that homosexuality is not promoted as a "pretended family relationship". Department of Education Circular 5/94 Para 19.

vii. Young people will be able to gain access to other agencies and professionals when required.

viii. A directory of local and national agencies for information, support and advice will be easily available and accessible for young people using the facilities.

3. The Drop-in Centre

i. The drop-in is managed by the Community and Mental Health Services NHS Trust, Community Division. It will be staffed by a rota of team members including: Health Visitors, Community Psychiatric Nurses, Community Dieticians, Community and Mental Health Services Trust; Health Promotion Officers. Greater Glasgow Health Board; Social Workers, Youth Workers, Strathclyde Regional Council; and Voluntary Organisations, including community health projects.

ii. All members of the team who could be in a one to one situation with users of the facility will be asked to undergo a Criminal Record Check with Strathclyde Police. GGHB will check HPO’s and other Board staff. The Community and Mental Health Services Trust will be responsible for checking community project volunteers.

iii. The drop-in will be staffed by two adults for every 15 young people. For example at an average session, there will be approximately 4 adults to 30 young people. At least one of these adults will be responsible for being "mobile" and staffing the door/reception area.
iv. All members of the team will meet on the first Wednesday in every month between 2.30 p.m. and 3.30 p.m. to:
   - monitor the code of practice
   - develop a staffing rota for the month ahead
   - ensure training needs are met

v. Information and advice about health matters can only be given in person. The drop-in cannot reply to requests for information in writing or by telephone.

vi. All users will be offered an opportunity for a one to one supported discussion with a member of the team.

vii. Users of the facilities will be encouraged to produce attractive and informative displays.

viii. Tea and coffee will be available for all users.

4. The Sexual Health Clinic

i. The sexual health clinic is managed by the Community and Mental Health Services NHS Trust. Family Planning Directorate. The clinic will be staffed by a Family Planning Nurse and a Health Care Worker employed by the Community and Mental Health Services NHS Trust. Family Planning Directorate.

ii. Young people can be seen either individually or with a friend.

iii. No appointment is needed.

iv. Young people will be required only to provide a first name and their date of birth. They have a choice about what further information if any they provide.

v. Young people will be invited to complete a "service sheet" to help open up discussion and to enable the team to monitor the issues that young people are interested in.

vi. Young people using the sexual health clinic will be encouraged to discuss their decisions with their parents/guardians.

vii. Young people will have access to their sexual health clinic files during the consultation.

viii. All files will be kept securely in a locked cabinet that only Medical personnel have access to.

ix. Consultations will only take place with trained and qualified medical and nursing personnel.

x. Contraceptive advice will be in accordance with the clinical guidelines of the Family Planning & Sexual Health Directorate. Nurse supplying of hormonal contraception will follow the appropriate protocols.
xi. Advice with regards to the promotion of sexual health and protection against sexual infection will be offered in combination with contraception advice.

5. Confidentiality

i. Information given in confidence by young people will not be divulged to any person outside the drop-in or the sexual health clinic (including parents/guardians). Confidentiality therefore resides in the facility, not in individual members of the team.

ii. Confidentiality will always be respected except when the young person is perceived to be in a dangerous or life threatening situation. This will be made clear in all publicity about the facilities. This policy will also be explained to all young people at any stage when it is anticipated that a disclosure might be made.

iii. A young person is deemed to be in a dangerous or life threatening situation if:
   - The young person shows signs of physical, emotional or sexual damage.
   - There are indications that the young person is at risk of significant harm if they return to a situation where physical, emotional or sexual abuse is present.
   - The young person is threatening suicide or appears to have attempted suicide (all suicide threats will be taken seriously, and not assumed to be "attention seeking").
   - The young person is threatening to kill or severely harm another person.
   - The member of the team feels strongly that the young person may be in serious danger, but hasn't enough information to make a decision.

iv. If you are unsure about whether to breach confidentiality you should consult with another member of the team in the facility, telling the young person that you are consulting, but that you will not pass the information on to an outside agency without first telling the young person. The purpose of this consultation is to decide whether the young person is in a dangerous or life threatening situation and therefore to determine whether confidentiality should be breached. The young person should be advised of the decision about whether to breach their confidentiality by the close of the drop-in on the same day.

v. If you believe that a young person is in a dangerous/life threatening situation (as outlined above) that requires confidentiality to be breached, you should adhere to the following procedure:
   - The approval of your immediate line manager should be sought. (You may want to secure this immediately after you have consulted with another member of the team and before you inform the young person of your decision).
   - You would then seek permission from the young person to refer them to the appropriate agency i.e. The Social Work Area Team.
If the young person refuses permission, you should inform them that because you consider them to be in a dangerous/life threatening situation you are breaching their confidentiality.

You should then telephone the Social Work Area Team, Tel: 944 0551. Providing them with the name, address and circumstances of the case, that are known to you.

vi. For young people who want to talk about an abusive situation, but do not want action to be taken. Help-line numbers will be offered, namely Childline and the Child Protection Line. These agencies can provide support and advice by telephone. Drop-in users will be encouraged to produce display material publicising the telephone help numbers where young people can discuss their experiences of abuse if they do not want it to be taken further. The numbers for Childline and the Child Protection Line will be offered. Other useful numbers including the Scottish Child Law Centre will be offered.

6. Training

i. All members of the team involved in the facility will have been given at least 3 days training annually in the following:

- basic counselling skills (supported discussion)
- confidentiality
- sexuality
- dealing with reported cases of child abuse

ii. All new members of the team should undergo the above training within six months.

iii. All new members of the team will be given induction training in this code of practice within the first month.

Thanks to Val McIntyre from the Scottish Child Law Centre for information on Scots Law and confidentiality and for the sample code on confidentiality which this code of practice has drawn upon.
TEAM MEMBERS

Community & Mental Health Service Trust, Community Division

*Jackie McFadyen, Ruth Laing, Jean Blackwood, Ruth Lunan
Health Visitors
Drumchapel Health Centre
80/90 Kinfauns Drive
Drumchapel
GLASGOW G15
Tel: 0141 211 6070

Jan Biggart
Community Dietician
Clydebank Health Centre
Kilbowie Road
CLYDEBANK
G81 2TQ
Tel: 0141 531 6363

Community & Mental Health Services Trust, Mental Health Division

Damien Cromby
Community Psychiatric Nurse
Drumchapel Health Centre
80/90 Kinfauns Drive
Drumchapel
GLASGOW G15
Tel: 0141 211 6070

LINE MANAGER

*Una Provan
Nurse Manager
Drumchapel Health Centre
80/90 Kinfauns Drive
Drumchapel
GLASGOW G15
Tel: 0141 211 6070

Helen McKenzie
Chief Dietician
Drumchapel Health Centre
80/90 Kinfauns Drive
GLASGOW
G15 7TS
Tel: 0141 211 6070

John Leckie
Locality Manager
Ward 6 Trust Headquarters
Gartnavel Hospital
Great Western Road
GLASGOW G12
Tel: 0141 211 3600
Community & Mental Health Services Trust, 
Family Planning Directorate

*Marion Robertson
Family Planning Nurse
Family Planning & Sexual Health Clinic
2 Claremont Terrace
GLASGOW G3 7XR
Tel: 0141 211 8130

*Cathie Turpie
Drumchapel Health Centre
80/90 Kinnington Drive
Drumchapel
GLASGOW G15
Tel: 0141 211 6070

*Dr. Eleanor Briggs
Family Planning Doctor
Drumchapel Health Centre
80/90 Kinnington Drive
Drumchapel
GLASGOW G15
Tel: 0141 211 6070

Greater Glasgow Health Board - 
Health Promotion Department

*Irene Fraser
Health Promotion Officer
Greater Glasgow Health Board
Health Promotion Department
225 Bath Street
GLASGOW G2 4JT
Tel: 0141 201 4979

*Andy Thornton
SHPO
Greater Glasgow Health Board
Health Promotion Department
225 Bath Street
GLASGOW G2 4JT
Tel: 0141 201 4959
*Sandra Wilson  
Senior Health Promotion Officer  
4 Lancaster Crescent  
GLASGOW  
G12 0RR  
Tel: 0141 211 1651 Fax: 0141 211 1658

John Crawford  
Deputy Head of Health Promotion  
Greater Glasgow Health Board  
Health Promotion Department  
225 Bath Street  
GLASGOW G2 4JT  
Tel: 0141 201 4876

Strathclyde Regional Council - Social Work Department

*Shona Cairns, Sue Oliver, Richard Thompson
Social Workers  
Drumchapel Health Centre  
80/90 Kinfauns Drive  
Drumchapel  
GLASGOW G15  
Tel: 0141 211 6070

Gerry Breslin  
Area Manager  
236 Kinfauns Drive  
Drumchapel  
GLASGOW  
G15 7AH  
Tel: 0141 944 0551

Family Learning Centre

*Angela Dooley  
Family Support Worker  
Family Learning Centre  
c/o Drumchapel High School  
44 Cally Avenue  
Drumchapel G15

*Sylvia Kerr  
Project Co-ordinator  
Family Learning Centre  
c/o Drumchapel High School  
44 Cally Avenue  
Drumchapel G15

Drumchapel Initiative

*Phil White  
Youth Worker  
Drumchapel Initiative  
Dunkenny Square  
Glasgow G15

Colin Weir  
Drumchapel Initiative  
Dunkenny Square  
Glasgow G15
Danny Morrison Men’s Health Project

Paul Riley, Andy Lynch
Volunteers
Danny Morrison’s Men’s Health
51-53 Dunkenny Square
Drumchapel
G15 8DA
Tel: 0141 949 4910

*Tommy Riley
Project Co-ordinator
Danny Morrison’s Men’s Health
51-53 Dunkenny Square
Drumchapel
G15 8DA
Tel: 0141 949 4910

Copies for Information

Margaret Kinsella
Drumming Up Health
Drumchapel Health Centre 80/90 Kinemauns Drive
Drumchapel
GLASGOW G15
Tel: 0141 211 6070

* Dorothy Lawrie
Nurse Specialist
CMHST
Trust Headquarters
Gartnavel Hospital
Great Western Road
GLASGOW G12
Tel: 0141 211 3600

Val McIntyre
Scottish Child Law Centre
170 Hope Street
GLASGOW
G2
Tel: 0141 226 3434

* Those involved in the discussions which led to the creation of the code.