Chapter Five

Teenage pregnancy and policy implementation at the local level

Introduction

The purpose of this chapter is to shift the focus from the national to the local policy level. Considering each policy area in turn, this chapter explores the polices that have been implemented at the local and school level in Finland and Scotland. Throughout, consideration is given to how the national framework has impacted upon the operation of local level policy.

Sex Education Policy

Having set out the national framework for the provision of sex education in Chapter Four, the first section of this chapter explores the sex education policy developed and implemented within the three local authorities/municipalities and the four[1] schools in each country.

Finland

Curriculum location and time allocations

Each of the four schools in Finland fulfilled the requirements of the permeated system of sex education provision as set out within the national curriculum for the

[1] One school in each country was a pilot school. However due to the fact that the interview schedule changed relatively little between the pilot and main stage of the fieldwork, the pilot school has been included within the data presentation in this chapter and the analysis of the data in Chapter Six. With regard to sex education policy the only addition to the interview schedule was a question about the main aims of sex education at the school level.

comprehensive school[1]. Over and above the national requirements of Biology (three or more lessons) in the 9th grade, one hour a week of Health Education in the 8th grade and one hour a week of Family Education in the 9th grade, schools were then free to allocate more provision if they thought it necessary. Table 5.1 below presents the provision of sex education in each school. The provision necessitated by the national framework is highlighted in bold.

Three out of the four schools had decided to provide on average one to two hours a week extra sex education over the three grades of the *Peruskoulu.* In addition to their extra allocations, *Tehtaala and Alajoki Peruskoulu* had also decided to host a sexual health day or week at the school, combining the resources of teachers, the school nurse and the school doctor in order to do so. Only *Koskela Peruskoulu* did not provide any notable additional provisions except for one lesson to each grade (per year) by the school nurse.

Teaching environment

The national framework provided the opportunity for sex education classes in Finland to be delivered within a dual system of provision; a system that was practised in three out of the four schools. As can be seen in Table 5.1 below, the class arrangements were mixed-sex for all Biology and Family Education classes. Only *Alajoki Peruskoulu* also had mixed-sex Health Education classes (although there was single sex provision at the lower *Peruskoulu* for Health Education). The other three schools had a single-sex provision for Health Education.

[1] See Chapter Four for an explanation of the permeated system.

Table 5.1 Sex education provision in four Finnish schools

	Koskela Peruskoulu	***Tehtaala Peruskoulu***
7th grade (13-14)	School nurse - 1 lesson (mixed) School nurse - available 5 days per week for personal enquires	Biology - 1 lesson x 1 hr (mixed) Health education - 1 hr/week (single sex) School nurse - available 4 days per week for personal enquires School nurse - health checks with all 7th grade pupils
8th grade (14-15)	**Health education - 1 hr/week (single sex)** School nurse - health checks with all 8th grade pupils School nurse - available 5 days per week for personal enquires School nurse - 1 lesson (mixed)	**Health education - 1 hr/ week (single sex)** Biology - 1 lesson x 1 hr (mixed) Sexual health day for all 8th graders taught by teachers, school nurse & school doctor (mixed) School nurse - available 4 days per week for personal enquires
9th grade (15-16)	**Biology - 4-6 (x1 hr) lessons (mixed) Family education - 1hr/week (mixed)** School nurse - 1 lesson (mixed) School nurse - available 5 days per week for personal enquires	**Biology - 6-10 (x1 hr) lessons (mixed)** **Family education - 1 hr/week (mixed)** Health education - 1hr/week (single sex) School nurse - available 4 days per week for personal enquires
	Vaarama Peruskoulu	***Alajoki Peruskoulu***
7th grade (13-14)	Health education - 1 hr/week (single sex) School nurse - available 3 days per week for personal enquires	Sexual health week - lectures by teachers, school nurse & school doctor (mixed) School nurse - available 2 days per week for personal enquires
8th grade (14-15)	**Health education - 1 hr/week (single sex)** School nurse - available 3 days per week for personal enquires and check-ups with all 8th grade pupils.	**Health education - 1 hr/week (mixed)** Biology - 3 (x1 hr) lessons (mixed) School nurse - available 2 days per week for personal enquires and check-ups with all 8th grade pupils. Sexual health week - lectures by teachers, school nurse & school doctor (mixed) School nurse - 1 lesson (mixed)
9th grade (15-16)	**Biology - 6-10 (x1 hr) lessons (mixed) Family education - 1 hr/week (mixed)** Health education - 1 hr/week (single sex) School nurse - available 3 days per week for personal enquires	**Biology - 6-10 (x1 hr) lessons (mixed) Family education - 1 hr/week (mixed)** Sexual health week - lectures by teachers, school nurse & school doctor (mixed) School nurse - available 2 days per week for personal enquires Health education - 1 hr/week (mixed)

A number of teachers noted the benefits of the dual-system of provision, in particular for meeting the needs of young men in sex education. The mixed classes provided an avenue for young men and women to understand and discuss each other's differences. Teachers perceived this as crucial, because an important part of practising safer-sex was communication about sex and contraception between partners. Therefore giving young people the opportunity to communicate about sex in a safe environment would hopefully increase their ability to do so in their future relationships.

Teachers of the Health Education classes which provided the single-sex arena noted that they provided a perfect opportunity for discussing more private issues if pupils wanted to, without the presence of the opposite sex. This commonly included issues such as wet dreams, pornography, eroticism and masturbation in the young men's classes and menstruation, breast development, sexual desire and masturbation in the young women's classes.

Teacher training to undertake the provision of sex education was not an issue that had warranted policy concern at the national policy level in Finland. This was reflected by the relative lack of official training undertaken by teachers at the local level. It was also not perceived by the majority of teachers or head teachers as a major area of concern. Due to the fact that there was no 'separate' subject called sex education, there had been no perceived need to train specifically on this area of provision.

During professional training, teachers would receive training on all elements of their subject and therefore, if their subject included 'sex education', training would be received on how to teach those aspects of that course. In other words, teachers of Home Economics as part of their pre-service training, would receive training on how to teach Family Education; similarly, as part of their training, teachers of Physical Education, would receive training on how to teach Health Education, including the topic sexual health.

Organised in-service training at the school level was also not a regular occurrence in any school examined in Finland. The only training undertaken by teachers working within sex education was done on their own initiative. Typical courses undertaken included one-day to one-week training courses provided by the *Mannerheim Child Welfare Organisation* or *Väestöliittö*[1]. Alternatively some teachers had undertaken research by themselves in order to ensure they were up-to-date on current issues to do with teenage sexual health. The municipality of *Alajoki*, however, had been actively involved with identifying teacher-training requirements for a number of years. Training to teach sex education, however, was not an issue that had so far arisen as an area of particular concern.

The methods employed by teachers to teach sex education across the four schools depended on two main variables; class size and the subject being taught (i.e. Biology, Family Education or Health Education). On the whole, where classes contained over 25 pupils[2] or if the subject was Biology, teachers utilised more

[1] *Väestöliittö is The Family Federation for Finland based in Helsinki: http://www.vaestoliitto.fi*

[2] Classes over 25 pupils represented a minority. Approximately 80% of classes contained under 25 pupils.

didactic methods with the additional use of visual aids (videos, transparencies and slides). For smaller classes and most other sex education subjects (including the school nurse classes in *Koskela Peruskoulu*), teachers generally employed some degree of lecturing, although the majority of work would involve smaller group work. At *Tehtaala* and *Alajoki Peruskoulu*, co-operative learning was a very popular method in particular.

Content

The most common description of the content of the sex education provisions by teachers in the four schools was the same as that provided at the National Board of Education, in other words, the content was based on the "promotion of healthy sex and sexuality". A number of the teachers noted that the permeation approach to provision enabled the content to be diverse in its coverage. This diversity was consistent across the four schools. Table 5.2 below summarises the common content within each subject across the four schools.

Some teachers noted that to an outsider it may appear that there was a degree of repetition across the different provisions, although they further noted that the angle from which the topics were taught, differed. For example, within Biology, the focus on the sexual act, reproduction and abortion was from a biological perspective, whereas the emphasis in Health Education was from a sexual health perspective and in Family Education, on the legal and social aspects.

Table 5.2 Summary of sex education content by subject provision in Finland

Biology	***Health education (men)***	***Health education (women)***	***Family education***
Biological maturation, Anatomy & physiology, Body functions & changes during puberty, Sexual development, Sexual desire and young people, reproduction, Sperm & egg, development of Embryo, pregnancy and Childbirth, Abortion. Reality of being a parent. Pregnancy prevention, STI prevention.	Physiology and maturation, Puberty, Masturbation (especially myths), Wet dreams, Pornography, Sexual desire, Sexual intercourse, Protecting others, protecting self, Respect & Responsibility, Connecting the sexual act & emotions, Contraception, AIDS/HIV, STIs & pregnancy, Abortion. Recognise, accept & understand difference, especially between girls and boys and different Sexual orientation.	Physiology and maturation, Puberty, Menstruation, Masturbation (especially myths), Sexual desire, Sexual relationships, Sexual intercourse, Respect and responsibility, Emotional vulnerability, Contraception, AIDS/ HIV, STIs & Pregnancy, Abortion. Media influences on young people, Sexual orientation, Alternate sexuality and sexual preferences.	Maturation, Getting to know people, Friendships, Attraction, Emotions and feelings, Dating, Falling in love, Ending relationships *nicely,* Masturbation, Sexual relationships - respect and responsibility, Risk Factors - pregnancy & STIs, Contraception, Abortion, Pregnancy & Childbirth, Looking after a baby, Parenthood, different family Stages.

School nurse

Anatomy - changes during adolescence, Physical and emotional development during puberty and teenage years, Attraction - dating - having crushes - falling in love - ending relationships *nicely*.
Making Love - when to start - listening to yourself and your own body, The right to say 'no' - pressure and force, Sex - the act.
Pornography, Eroticism and desire, Sexual fantasies and dreams, Good sexual health - protecting yourself and your partner, Contraception, Pregnancy, Abortion, Alternate sexualises, Respecting difference.

Main aims of sex education

Across the three main schools[1], response to the question of the main aims of sex education was found to differ across the subjects where it was taught, although the responses across the schools were consistent by subject. Detailed in Table 5.3 below are the main aims stated for each subject. In comparison with the content of the sex education in each subject detailed earlier, the main aims can be seen to mirror the content. On the whole the mains aims focused upon increasing knowledge and affecting upon sexual attitudes as well as fostering the attitudes of respect and responsibility (especially amongst young men). Finally, promoting the notion that sex and sexuality are a normal part of life and that sexual desire is not something confined solely to the realm of adulthood were also highlighted as important aims within the Health and Family Education classes.

Inter-agency Collaboration

Identified as an informal policy at the national level was the issue of the school nurse being used within the provision of sex education. Only *Koskela Peruskoulu* had been actively using the school nurse for class-based sex education at the time of interview. The other three school nurses had been or expected (and expressed a desire) to be involved at some point in the provision of class-based sex education. All four nurses noted however, that they were utilised as an information resource for teachers involved in providing sex education.

[1] This is excluding *Koskela Peruskoulu* as the question of main aims was introduced after the pilot stage.

Overall status of sex education at the school level

All teachers and nurses (except one male Health Education teacher[1]) perceived the provision of school-based sex education to be very important. There was recognition that perhaps parents should take more of the responsibility for this education. Because teachers noted that most did not, however, the provision of school-based sex education was very highly rated by those interviewed.

Table 5.3

Main aims of sex education in three schools in Finland

Biology
Increase knowledge of sexual reproduction
and the implications of sexual intercourse.
Pregnancy and STI prevention.
Respect and Responsibility.

Family education
De-mystifying sex and sexuality.
Increase knowledge on the legalities of sex.
The reality of pregnancy and parenthood.
Fostering attitudes of responsibility and respect.
Increase knowledge on how to protect yourself
and your partner.

Health education
Develop knowledge of physical and emotional development
during puberty and teenage years.
Understand what it means to be sexually active
for you and your partner's sexual health,
including pregnancy and STI prevention.
Understand that sex and sexuality are a normal
part of life, including masturbation, sexual desire,
heterosexuality and alternate sexualities.

School nurse
Promotion of healthy attitudes to sex and sexuality.
Explore the positive and negative aspects of sexual
activity.
Know where to access advice and help.
Affect on attitudes to respect and responsibility.

[1] This teacher considered family and the home a more important and appropriate venue for the teaching of sex education.

Scotland

Curriculum location and time allocations

Biological reproduction was taught within the four Scottish schools examined in this research. Unlike in Finland however, where Biology was perceived to be one area of sex education provision, this was not found to be the case in Scotland. Teachers of Biology did not consider their course on 'biological reproduction' to be 'sex education', it was purely another element of Biology. The provision of non-core curriculum sex education varied considerably across the four schools; in particular in relation to time allocation and diversity of content.

Table 5.4 below outlines the details of each school's policy regarding the provision of non-core curricular sex education provision. The compulsory provision of Biology, although not perceived as sex education is also included and highlighted in bold.

Scotallen Secondary School provided Health Education on a rotation basis from 3rd to 6th year (forty minutes per week for nine weeks). It did not however have an established programme of Social Education or PSE for any year group. Glendale Academy had a well-structured PSE programme including forty minutes per week for eight weeks per year on sex education. The original PSE programme had been introduced in 1990, but teachers noted that the provision was not well structured until the local authority provided detailed guidance in 1993.

Table 5.4: Sex education provision in four Scottish schools

	Lochend Secondary School	Glendale Academy	Scotallen Secondary School	Arbourness High School
1st year (11-13)	**Biology - 2-3 weeks (mixed)** Social education (including sex education) 40 mins/ week approx 1/5 of lessons on sex education (mixed)	**Biology - 4-6 weeks (mixed)** Since 1990 PSE (including sex education) 40 mins/ week for 8 weeks on sex education (mixed)	**Biology - 2-3 weeks (mixed)**	**Biology - 4 weeks (mixed)** PSE (including sex education) 1 lesson per week - 8-10 weeks for sex education (mixed)
2nd year (12-14)	Social education (including sex education) 40 mins/ week approx 1/5 of lessons on sex education (mixed)	Since 1990 PSE (including sex education) 40 mins/ week for 8 weeks on sex education (mixed)	Since 1990 Biology - 2 weeks ESCAPEAIDS programme	PSE (including sex education) 1 lesson per week - 7 weeks for sex education (mixed)
3rd year (13-15)	Social education (including sex education) 40 mins/ week approx 1/5 of lessons on sex education (mixed)	Since 1990 PSE (including sex education) 40 mins/ week for 8 weeks on sex education (mixed)	Health education - 40 mins / week for 9 weeks (2/9 sex education) (mixed)	PSE (including sex education) 1 lesson per week -12 weeks for sex education (mixed)
4th year (14-16)	Social education (including sex education) 40 mins/ week approx 1/5 of lessons on sex education (mixed)	Since 1990 PSE (including sex education) 40 mins/ week for 8 weeks on sex education (mixed)	Health education - 40 mins / week for 9 weeks (2/9 sex education) (mixed)	PSE (including sex education) 1 lesson per week -10 weeks for sex education (mixed)
5th year (15-17)	Social education (including sex education) 40 mins/ week approx 1/5 of lessons on sex education (mixed)	Since 1990 PSE (including sex education) 40 mins/ week for 8 weeks on sex education (mixed)	Health education - 40 mins / week for 9 weeks (2/9 sex education) (mixed)	PSE (including sex education) 1 lesson per week -10 weeks for sex education (mixed)
6th year (16-18)	Social education (including sex education) 40 mins/ week approx 1/5 of lessons on sex education (mixed)	Since 1990 PSE (including sex education) 40 mins/ week for 8 weeks on sex education (mixed)	Health education - 40 mins / week for 9 weeks (2/9 sex education) (mixed)	PSE (including sex education) 1 lesson per week -10 weeks for sex education (mixed)

The remaining two schools both had established programmes of Social Education or PSE. Lochend Secondary School provided forty minutes per week of Social Education for every year group, with approximately one fifth of the academic year allocated to sex education. Arbourness High School provided forty minutes per week of PSE. The amount of time allocated for sex education varied by year group, averaging annually at ten weeks per year group. The non-core curricular sex education provision at Arbourness High School was the most structured of the four schools and was adjusted annually to suit the needs of the young people at that school on the basis of an internal evaluation by staff and pupils.

Teaching environment

All classes within which sex education was provided in each of the four schools were mixed-sex. As was noted in Chapter Four, this style of set-up was how all education classes were structured within Scottish schools (Wight & Scott 1994).

Noting that the Biology teachers "don't teach sex education, we teach biology", they did not consider teacher training for sex education to be appropriate to them. All Biology teachers had received training to cover the biology of reproduction during their pre-service studies.

For those teaching non-core curricular sex education, the amount of training received by teachers varied across the four schools. Pre-service training had been undertaken in the form of guidance certificates by all of the guidance staff, although this was not particularly extensive with regard to how to teach sex education in particular. Additionally, not all teachers providing sex education were

guidance staff (and hence had not taken the guidance certificate). Of the four schools only the guidance staff at Arbourness High School had undertaken any substantial in-service training. This training was in the form of Health Education courses as well as training provided by the local health promotion centres in their city.

At Glendale Academy the guidance staff stated that the local authority did encourage participation in in-service training and would often send information to the school regarding the availability of courses. With the numerous changes to the Scottish syllabus and the certification of courses at secondary level over the last 15 years, however, the guidance teachers noted that undertaking training in relation to those changes was considered to be more important. As a result there had been practically no in-service training undertaken by the guidance staff at Glendale.

There was a common belief amongst all of the teachers interviewed in all four schools, that in order to provide effective sex education better training was required at pre- and in-service levels. The main constraint in relation to undertaking more training was noted to be the relative lack of importance that PSE and Social Education held in relation to curriculum subjects. Some teachers stated that until PSE and Social Education had equal status with curriculum subjects, it was unlikely that this situation would change.

The teaching methods utilised across the four schools were fairly consistent. Within the Biology classes methods were generally didactic combined with the 'Living and Growing' BBC video series (Grampian Television 1993), worksheets

and a standard Biology textbook. Within Social Education, PSE and Health Education, methods on the whole remained traditional, although small-group discussion methods were used more within the upper years (post-16) of the secondary school (4^{th} –6^{th} year).

Some standardised packages were used such as 'Taught not Caught' (Dixon & Mullinar 1989)[1], 'Taking Sex Seriously' (Cohen & Wilson 1994)[2] and 'Skills for Adolescence'(TACADE 1986)[3]. Teachers would generally not use a whole package, but rather would pick and choose sections that suited the work that they wanted to cover.

Content

The provision of biological reproduction taught in each of the four schools was consistent in content as set out in the Scottish Syllabus. There was a large degree of variation in content within the Social Education, PSE and Health Education provided within the four schools. One common aspect however, was that teachers talked frequently in terms of increasing young people's knowledge about sex and pregnancy prevention in particular and trying to provide young people with the skills with which to apply that knowledge to their lives and their behaviour.

[1] ***Taught not Caught***: ***strategies for Sex Education*** is a resource for sex education which presents a wide range of activities, issues and content in an imaginative and original manner. The resource book is widely used at secondary schools in Scotland (Forrest, Souter & Walker 1994).

[2] ***Taking Sex Seriously – Practical Sex Education Activities for Young People*** is a resource for teachers to aid in the teaching of sex education with teenagers. It includes a wide range of activities and strategies to help young people to deal responsibly with info they receive and decision-making. It covers a range of issues including, the effective use of contraception, alternatives to having sexual intercourse, STIs - prevention and treatment, issues relating to sex and the law, as well as parent workshop activities.

[3] ***Skills for Adolescence*** is a package for personal and social education, which is available to all participants of TACADE in-service training. It is suitable for S1-S2 pupils and aims to promote child centred approaches focused on the development of responsibility, self-confidence, self-discipline and service to others.

The head teacher at Glendale Academy however, was particularly wary of the current contradiction in styles of health promotion. In relation to their current education in PSE he stated that the school had recently invited some visitors to provide 'drugs education' and one set of external visitors (parents affected by the death of their child from drugs) presented the perspective of 'just say no'. The other visitors came from the perspective that 'some kids will do these things regardless' and therefore a 'harm reduction' approach was best, telling them the risks and make them aware of how they can reduce those risks. The head teacher was left wondering - "what is the best approach?"

Almost all teachers noted that young people have a lot of knowledge with regards to sex. What they were lacking was education on the relationships and emotional issues, rather than sex education per se. As can be seen from Table 5.5 below, the general focus of all of the sex education provided at these schools was increasing knowledge on the practicalities of sex such as contraception, pregnancy, abortion and STIs and to a lesser, but developing extent, focus on relationships and emotions. The guidance teacher at Lochend Secondary School added that although they tended to focus on the subjects just described, he had a policy that 'no subject is taboo' and that if pupils had the courage to ask a question, he would find the courage to answer it honestly. It is worth noting, however, that the pupils would first have to raise the questions, which would not necessarily be easy.

Notably lacking from all programmes except the PSE programme at Arbourness High School, was the presentation of positive as well as negative issues relating to

Table 5.5 Summary of the content of sex education provision in four Scottish schools

Biology - all schools

1st year biology
Biological reproduction
Anatomy & physical development at different stages of life
Reproductive systems of men & women
How pregnancy occurs - the basic sex act - 'sperm meets egg'.
Development of foetus up to birth.

Lochend secondary school

Social education - 1st-6th year
Physical development - puberty
Sexual intercourse
Pregnancy prevention
Contraception
Abortion
AIDS/ HIV & STIs
Relationships
'No subject is taboo'

Scotallen secondary school

2nd year biology
ESCAPEAIDS programme
Health education - 3rd-6th year
Sexual intercourse
Contraception
AIDS/ HIV & STIs
Abortion

Glendale Academy

1st - 6th year PSE
Physical development - puberty
Sexual intercourse
Pregnancy prevention
Contraception
Abortion
AIDS/ HIV & STIs
Relationships

Arbourness High School

1st year PSE
Growing young people, puberty, changes & developments - mental & physical.
AIDS - '*Taught not caught'* Programme

2nd year PSE
Relationships and friendship groups
What is sexuality?
AIDS - '*Taught not caught'* Programme
Risk and safety - who to trust
Child abuse awareness

3rd year PSE
Sexual relationships
Heavy emphasis on contraception
How to get help if you are in need - where to go.
What is sexuality?
Promoting healthy attitudes to sex and sexuality
Teenage pregnancy rates in Scotland connecting again to contraception.
'*Taking sex seriously*' programme
Risk and safety - who to trust
Child abuse awareness

4th year PSE
STIs, Abortion, AIDS - '*Taught not caught'* Programme
Contraception
Risk and safety - who to trust
Child abuse awareness

5th and 6th year PSE
Pupils choice of subjects
Assertiveness training
Sexuality - what it means to men and women
Draw on different attitudes and beliefs for discussion.

sex and sexuality. The issue of self-pleasure[1] as part of the process of learning about your body was also lacking, even within the more 'liberal' programme at Arbourness High School.

Main Aims

As would be expected the main aims of sex education related closely to the content provided within each school. In support of the notion that teaching about biological reproduction in Biology was not viewed as a 'sex education' provision, the main aim of this course was for the pupils to pass their exams on the subject. For the non-core curricular sex education provided in each school, over and above the main aims of increasing knowledge, developing skills to help young people to apply that knowledge and make responsible decisions, and affecting upon young people's sexual attitudes, emphasis was placed on a number of alternate areas. These areas had less to do with what the young people should achieve, but rather, how the education should be presented. In other words, teachers showed concern over providing a friendly atmosphere for the pupils and to avoid preaching to them, especially about what the teachers considered to be 'right' and 'wrong'.

Inter-agency Collaboration

The use of sexual health experts[2] in the teaching of sex education varied across the four schools. All teachers acknowledged the value of sexual health experts mainly for their expertise in teaching sometimes difficult and embarrassing subjects. They

[1] Research on young women's experiences of sex and masturbation has revealed that presentation of positive as well as negative issues is particularly important; those young women who were comfortable with themselves and had learnt what pleasured them were more likely both to delay their first intercourse and to enjoy it (Thompson 1990).

[2] Sexual health experts would include individuals such as family planning nurses, school doctors, Brook advisors and other sexual health promotion workers.

were also valued for often bringing and presenting alternate view-points to the ones presented by the teachers.

As much as the teachers in each school valued these sexual health experts, their use within each school was found to be relatively limited, some more than others. The limitations arose partly from the school's lack of ability to afford their services. Additionally, teachers noted that most sexual health experts could not dedicate the amount of time that schools needed. Guidance staff at Glendale Academy in particular stated that this was a growing area of concern for them. They could not get anyone to commit to more than the occasional lesson and they certainly could not obtain a commitment time-wise to a set block of 4 or 8 weeks[1]. As a result, the use of sexual health experts had dwindled over the late 1980s and early 1990s to virtually no expert provision at Glendale. This was a major concern expressed by the guidance staff as they felt that their pupils were losing out on important alternate provision.

On the other hand, the guidance teacher and head teacher at Lochend Secondary School stated that they were quite fortunate; being located in a relatively small and close-knit community, they had found it easy to gain access to sexual health experts in particular the school doctor. There were however limitations in the school doctor's ability to provide this service consistently, as, being the main GP in the area, she would often be called away and have to cancel at the last minute. In

[1] Teachers at Glendale noted that they were comfortable providing the sex education set for years up to S2 level, but felt that for years S3 to S6, outsiders would do a better job, for example being able to answer specific questions about sexual health that the teachers did not feel they had adequate knowledge to answer. This was why they would request for an outsider to provide a block of lessons.

addition to the school doctor, this school has over the years also made use of organisations such as Tampax, the Terence Higgins Trust and drama workshops on AIDS.

Similarly Arbourness High School had managed to make use of a wide variety of sexual health experts, although this provision was mainly for those aged sixteen plus (5th and 6th year pupils). The 5th and 6th years would often be asked who they wanted to receive talks from and dependent on availability, the teachers would do their best to obtain relevant experts. The provision of these experts was closely linked to help provided from the local education authority who "worked hard" on behalf of the school to obtain the provisions they requested. Finally, Scotallen Secondary School did not utilise any sexual health experts in the provision of their Health Education programme.

Overall status of sex education at the school level

With regard to the status of sex education at the school level, all of the teachers involved in the provision of non-core curricular sex education believed that the provision of school-based sex education was very important. There was general recognition that sex education could not be guaranteed to be provided at home and therefore "schools had to do something". Many teachers did express a belief however, that sex education and PSE/ Social Education in general was not very highly valued by other teachers, especially if those teachers lost teaching time to make way for such programmes.

The inclusion of sex education and the degree to which it was provided appeared to depend heavily on commitment at senior management level. This was most apparent at Scotallen Secondary School where the current head teacher had only taken over in 1996. When he arrived there was no PSE or Social Education provision and he believed this was because the previous head teacher simply "didn't rate it". Due to his firm belief that a school like Scotallen Secondary School should have a PSE programme, he had spent the three years since his arrival at the school developing a programme that would be launched in the academic year 1998-1999.

On the whole there was a positive view presented by all teachers interviewed of the role that sex education could play, but recognition also of the limitations of each school's provision. This was most noted in the remarks of the Glendale Academy head teacher who stated that whilst he recognised the value of sex education to a degree, "in the larger scheme of things and considering how much of young people's lives is not spent in school, realistically, how much effect does it really have?". This was a repetitive question he posed during the interview.

Frequently noting his own scepticism however, he stated in his defence that he was merely being realistic. He posed a number of interesting points (see quotation below) for consideration in relation to the provision of sex education across all schools in Scotland. These points summarise well the concerns with the provision of sex education raised by other teachers across the four schools.

"I think we've got a role. As a head teacher, I get sick and tried of people passing onto schools the problems of society and… well it's just ridiculous, but there has in part got to be role. But as I say in 40 minutes a week, occasionally or a period, or block of sex education is not in my mind, going to deliver any real message. That sounds terribly pessimistic, but if I was teaching any subject, I would hardly say a period a week for 8-10 weeks is a great medium for delivery, and I think probably most schools are the same that way… My own view is that there are issues, there are wider issues which will not be addressed, it's very easy to say schools should do this, school should do that, fine, but the resources aren't there to allow it do be done without losing something else. And so until somebody is willing to come along and say well stop doing that and make sure you do 3 periods a week of PSE... they say that and we'll do it, but at the moment priorities from parents and such like in this school, it's very much to get on with the job in hand, which is more the traditional curriculum" (Head teacher - Glendale Academy).

Sexual Health Policy

From the exploration of the national framework of provision in Chapter Four it was identified that both countries had a similar basic level of sexual health service provision. In both countries, all citizens could access free contraceptive advice and free (or low cost) contraceptives in a number of locations. The implications that the different styles of provision in each country have on a young person's ability to access and utilise these services at the local level will be the focus of the next section of this chapter. In particular, attention is paid to which services are available to young people; who those services are aimed at (i.e. if they are general population or youth-orientated); how easy it is for young people to access those

services; whether the services ensure confidentiality; who the providers are, and what relevant training they have had to deal specifically with young people's needs.

Finland

Table 5.6 below provides details of the particular sexual health services that can be accessed by young people in each of the three municipalities explored in Finland. Taking first the school health service, the basic framework of this service provides every young person with a primary health care resource for as long as they attend an institution of education in Finland. For the most part, interaction within this service will be between pupils and the school nurse. A school doctor is also available within these services, but for the main part the school doctor's role is confined to the regular check-ups that the pupils receive in either the 7th or 8th grade.

The amount of time each school nurse is available to be accessed by pupils depends on the size of the school and the resources available for school health in any given municipality. Of the four schools examined only *Koskela Peruskoulu* had a fulltime nurse available on location 5 days a week. At *Tehtaala Peruskoulu* the nurse was available all day, 4 days per week, at *Vaarama Peruskoulu* all day, 3 days per week (and any time via an emergency phone number) and at *Alajoki Peruskoulu* all day, 2 days per week. Each of the school nurses worked closely with their local municipal health centre and made pupils aware (via sex education

Table 5.6 Sexual Health Services Available to Young People in Finland

Type of service	Location	Main provider	Opening hours	Municipality in which Service is available	Dedicated service for young people
School Health Service	School-based	School nurse	During school hours No. of days dependant on individual school	Tehtaala, Vaarama & Alajoki	Service for young people
School Health Service Contraception on-site	School-based	School nurse	During school hours No. of days dependant on individual school	Alajoki	Service for young people
NGO youth clinic	Central	Public health nurse	8am - 4pm Monday – Friday and Saturday.	Tehtaala	Service for young people
Municipal health centre (family planning clinic)	Various	Pubic health nurse	Monday to Saturday mainly 9-5	Tehtaala, Vaarama & Alajoki	Service for all

lessons and during visits to the school nurse) of the services on offer in the local area when she was not available.

All of the nurses interviewed had undertaken their basic nursing training before specialising in particular to work with young people (as was the case for all school nurses in Finland). All of the nurses noted however, that they were responsible for keeping their knowledge of sexual health issues affecting young people up to date, especially if they were to be involved with teaching class-based sex education[1]. Two of the nurses actively sought out training opportunities within organisation such as the Mannerheim Child Welfare organisation and Väestöliittö (which also provided training for schoolteachers). The other two nurses expressed a desire to undertake further training.

Within all school clinics a standard procedure existed for the provision of contraception; if a young woman requested contraception the nurse would first fill in a gynaecological form for the young woman. She would then make an appointment for the young woman at the local municipal health centre or NGO youth clinic (depending on availability) where the young woman would go to see the doctor and collect a prescription for her pills[2].

[1] Only the school nurse in *Koskela Peruskoulu* is actively involved in teaching class-based sex education although the other three nurses expressed an intention and desire to do so at some point.

[2] Reference to pills as the provision of contraceptive is due to the fact that the contraceptive pill and the IUD are the two most common methods of prescribed contraception used by all women in Finland (Kosunen 1996). However the IUD is usually only given to women who have already borne a child to make sure that any possible infertility is not the result of using an IUD. Therefore when a young woman in Finland goes to obtain a prescribed contraceptive it will almost always be the contraceptive pill.

Within each municipality the first trial of pills is provided free of charge. The length of time this trial lasted varied between municipalities from 3 months in *Tehtaala* and *Vaarama* to 1 year in *Alajoki*. This process would also be the same if a young woman required to access emergency contraception. In both *Tehtaala* and *Vaarama* this would cost approximately 50 Mk (6 pounds) and in *Alajoki* it is provided free of charge.

The school nurse at *Vaarama Peruskoulu* was also able to provide condoms to pupils on request. Additionally, the school nurse in *Alajoki Peruskoulu* (and all schools in that municipality) could provide contraceptive pills, including emergency contraception, within the school clinic itself. This was stated by the school nurse to be a very important additional resource because she was only available two days a week in her school and due to the rural nature of the municipality.

The role of school nurse as a whole was commented on without prompting, by most of the teachers in every school. The head teachers at both *Tehtaala Peruskoulu* and *Vaarama Peruskoulu* highlighted that not only was the school nurse a likely contributory factor to the low teenage pregnancy rates in Finland but also that the key to her success was being located within the school. In particular the head teacher at *Vaarama Peruskoulu* strongly believed that this system "would simply not work if she were placed elsewhere", for example within the local municipality health clinic. There was a strong recognition of the needs of young people within this school and one of those needs was seen to be easy access to health services when required.

All of the school nurses themselves perceived their role as a provider as very important to young people. The main reason for this was due to the recognition that many young people cannot talk to their parents about sexual issues and that for many, she would be the only person that they could talk to. Additionally the nurses all noted that because they had known their pupils for many years, they had developed good relationships with many of them. This in turn they believed, meant that young people knew that they would provide them with reliable information and advice about sexual health without 'looking down' at them for being sexually active.

One service that is available to all people in Finland is the municipality health centre family planning clinics. Whilst for most, the school health service would be the first port of call (Kosunen 2000b), the municipal family planning clinic would be the second, especially if the school nurse could not dispense contraceptives herself[1]. This service is also confidential and often the nurse who works in the school would also work in the health centre; there would therefore often be a certain level of familiarity and continuity of care. This service is however more 'visible' in its use and the opening times more restrictive for young people who attend school, both of which could be potential drawbacks.

[1] The decision as to whether a school nurse could dispense contraceptives at school is one taken at the municipal level and therefore if a given municipality allows this provision, as in *Alajoki*, then all school nurses in that municipality are allowed to provide contraception at the school clinic. Although only one of the three municipalities in this study allowed contraception to be dispensed at school, it is common practice in Finland for many municipalities to allow school nurses to provide the first trial of contraception (trial lasting 3-9 months) and then follow–up contraception is expected to be obtained from the local primary care facility (Kosunen 2000b). Within the areas studied in this thesis, the municipality which allowed this provision, was a rural municipality, the others were urban areas with more facilities available outside of school, this could therefore explain why those municipalities had chosen not to allow the school nurses in their areas to provide contraception at the school clinic.

The final service that was available to some young people, in the case of this sample only in the municipality of *Tehtaala*, was the NGO[1] youth clinic. This additional resource has the added advantages of being designed specifically for use by young people, being confidential, and open at times that are better suited to the schedules of school pupils. Similar to family planning clinics however, this service was not 'hidden' from public view. Additionally, the location of this clinic in the centre of that municipality, potentially limits use by some who live in *Tehtaala*, as geographically the municipality covers a wide area.

One further sexual health provision in Finland set out within the national framework was the provision of the magazine *Sexteen* to all 16 year olds. This magazine was highly valued by all four school nurses and was noted by two specifically to be an illustration of a very positive expression of Finnish society's general acceptance of teenage sexuality and the right of teenagers to this knowledge and was used by the school nurses to open up discussion with young people during one-to-one consultations.

Scotland

Table 5.7 below provides details of the particular sexual health services that can be accessed by young people in each of the three Scottish local authorities under exploration in this study. Of the services available, the primary care general practices and NHS family planning clinics are geared towards people of all ages. Whilst young people have the same access to these services as others, there are

[1] NGO stands for non-governmental organisation.

Table 5.7 Sexual Health Services Available to Young People in Scotland

Type of service	Location	Main provider	Opening Hours	Local Authority in which service is available	Dedicated service for young people
Primary care General Practice	Various	General practitioner	Monday – Friday various usually between 9-5. Some provide Saturday am clinics Small % provide evening clinics.	Glendale, Scotallen & Arbourness	Service for all
NHS family planning Clinics	City centre	Family planning nurses and doctors.	6 days a week Monday – Friday am and pm clinics Saturday 1-3.30.	Scotallen	Service for all Saturday clinic for young people.
	City Centre	Family planning nurses and doctors.	Monday 5-7.30PM Saturday 1-3.	Arbourness	Service for all
'Dedicated' clinics for young people run by community Family Planning services	City centre	Family planning nurses and doctors.	Various	Scotallen & Arbourness	Service for young people

many potential limitations to that access, the main one being the times at which these services are available. Except for Saturday provisions and after-school provisions[1], the times at which these services are available are likely to clash with the time at which young people are expected to be in school. Some community family planning services had sessions specifically aimed at young people although these were not available in Glendale[2]. Whilst these provisions are more tailored to young people' needs there remains the potential barrier of the geographical location of NHS family planning clinics. This type of clinic was only available in Scotallen and Arbourness and although located in the city centre, would still be difficult for many young people to access as both local authorities span a wide geographical area.

All the services mentioned so far however have one positive element (as defined by young people) in common and that is that they offer young people confidentiality. As a result of the Gillick case however, much confusion still remains especially amongst those aged under 16, as to their rights with regard to confidentiality (Hadley 1998).

Additionally, although many young people may know about their right to medical confidentiality, concern often surrounds their 'visibility' in using a service and the confidentiality of other people that may be present in or around the locale of that service. None of the services provided in Scotland are particularly 'hidden' from

[1] After school services are not guaranteed by all providers and where they are available they tend not to be provided more than once a week.
[2] These services are however more widely available throughout many of the local authorities in Scotland not under exploration in this thesis.

public view and therefore there is often a fear of being 'seen' by an individual who is acquainted with the young person's parent/s (McIlwaine 1994; Hadley 1998).

Therefore overall, there are a number of different services available to young people in Scotland. There was not however a service that encompassed all of the previously defined elements of the 'desired' service that most young people want and need to enable them to be sexually responsible.

Educational Policy

In order to place the importance of education policies into the context of teenage pregnancy prevention, one original proposition of this thesis was that, by extending the length of time in education, parenthood is being delayed indirectly. Having reviewed the relationship between continued education and teenage pregnancy in Chapter Two and having noted the significant relationship between high continuation rates in education and training and low rates of teenage pregnancy in a number of European countries in Chapter Four, this proposition has been strengthened. In order to explore this issue further, however, the structure of schooling and the influence of careers guidance will now be examined at the local policy level, as both of these policies may affect the proportion of young people in each country staying on in education beyond the age of 16[1].

[1] It is important to acknowledge that although not the focus of this thesis, there are other issues relating to the wider social context such as general standards of living, economic support for families and the state of the labour market, which may also have an affect on the proportions of young people who will remain in continued education beyond sixteen, as was discussed in Chapter One.

The national proportions of those aged 16-18 in education and training were presented in Chapters Two and Four, and Table 5.8 below show the proportions staying on in education for each school under exploration in comparison to the national education figures[1].

As can also be seen from Table 5.8, there exists a considerable difference in stay-on rates between the two countries at the school as well as the national level. Within Finland there is a high level of consistency across the four schools examined and the national rate, with 100% of pupils going on to some form of education[2].

In Scotland there is a degree of variation between the four schools of those staying on from 4th to 5th year (68-86%) and 5th to 6th year (60-80%). As a result there is variation between the schools of those staying on to 6th year as a proportion of the 4th year cohort (51-68%). In comparison to the national proportion (51%), the four schools fared from equal to 17% higher.

All of the educational routes in Finland, except for the option to complete a 10th grade, last for three years. Therefore in order to compare the percentages of those in education between Finland and Scotland, the key figures to compare are the percentage progressing from 9th grade to high or vocational school in Finland and the percentage progressing to 6th year as a proportion of the 4th year cohort in

[1] In order to aid the reading of these tables, it is worth noting that in Scotland the age of compulsory schooling (16) for most pupils would end during 4th year and for a minority 5th year. In Finland, compulsory schooling (16) for the majority would end at the end of the 9th grade.
[2] According to most student counsellors and the Director for Education at NBE in Finland, annually between 1-5% of those who take up their places in continued education will drop out within the first year and therefore the stay-on rate is never quite 100%.

Table 5.8

Summary of Finnish and Scottish stay-on rates at the school level (1996-1997)

	Koskela Peruskoulu	Tehtaala Peruskoulu	Vaarama Peruskoulu	Alajoki Peruskoulu	Finland
% progressing from 9th grade to High school or Vocational college	98%	95%	99%	99%	95%
% progressing from 9th to 10th grade	2%	5%	1%	1%	5%
% progressing in education as a proportion of 9th grade	100%	100%	100%	100%	100%
	Lochend Secondary	**Glendale Academy**	**Scotallen Secondary**	**Arbourness High**	**Scotland**
% progressing from S4 to S5	85%	86%	68%	85%	64%
% progressing from S5 to S6	80%	75%	78%	60%	80%
S6 pupils as a % of S4 cohort	68%	64%	53%	51%	51%

Scotland. The differences for those figures are substantial, with between 27-47% more Finns remaining in school-based education for at least two years beyond 16, than is the case in Scotland.

It is worth noting however, that although break-down data on percentages of students going on from 4th or 5th year to FE college from the individual Scottish schools were not available, the national rate was 4% in 1996 (British Council & SOEID 1998) and this would therefore increase the proportions of young people in education post-16 (although not school-based). The national rate would increase from 51% to 55%. Therefore the question remains, are there elements within the school structure or the careers guidance provided in those schools that could offer some plausible explanation as to why these differences exist?

Structure of the education systems in Finland and Scotland

Considering first the structure of the schooling in both countries, being a structure defined within the statute, there was very little to consider at the local level. The official structuring of each country's education system is significantly different as detailed in Chapter Four and further discussion to the importance of these differences will be explored within Chapter Six. Only two elements of the structure were referred to in either country at the local level, the first of which was the value (or lack of it) placed on vocational in comparison to academic pursuit. In Finland, for thirty years vocational and academic education have co-existed at school as well as further educational levels. Many of the student counsellors commented that there were so many opportunities to study at school post-16 and so

many different options for those three years that, "there is no reason why pupils should not continue in education".

In comparison at the school level in Scotland, until very recently, the sole focus of study at the school level has been an academic one. During the late 1980s the SCOTVEC modular courses began to enter the Scottish schools under exploration, and the numbers and styles of these modular courses have been continually developed since then. The guidance teachers and head teachers in some of the schools commented however, that even although vocational education had now become part of school level educational provision, it was still perceived by young people themselves as courses for those pupils who "cannot cope with Highers". There is therefore seen to be considerable stigma for those students who choose the more vocational studies as being "thick".

Second, the issue of structural incentives to remain in education was raised by two of the counsellors in Finland. In Finland, young people cannot receive state benefits from the age of 16 up to 24 unless they are applying twice a year for a place in an education institution. This was perceived in addition to the value of continuing education in Finland, as another main reason as to why there is an almost 100% continuation rate to vocational or high school.

In Scotland there is not a similar incentive to remain in education. A disincentive to leave school however was perceived by most guidance staff and head teachers to be the fact that state benefits are very hard to obtain if you are aged between 16-18. This, coupled with the difficulty in obtaining employment, was perceived as one of

the main reasons behind the increasing number of pupils remaining at school beyond 16 in Scotland. Additionally, beyond the age of 18 the conditions under which state benefits are available depend on an individual providing evidence that they are actively seeking work, rather than a place in education.

Careers Guidance (Student counselling)

The second area of education policy that was explored at the school level was the provision of careers guidance. The proposition in relation to teenage pregnancy was that there was perhaps something within this provision that either encouraged young people to remain in school education beyond the age of 16 and/ or placed particular emphasis on continued education rather than entering employment straight from school.

Finland

All of the Finnish schools followed the structure and content for student counselling, as set out by the national framework. As a result there was a great deal of continuity across the four schools in both structure and content. All of the schools provided each pupil with a total of 2 full courses (38 hours per course) within the three grades (grades 7-9). *Tehtaala Peruskoulu* and *Koskela Peruskoulu* chose a structure of 1 full course (1 hour per week) in both the 7th and the 9th grade. The other two schools, in *Vaarama Peruskoulu* and *Alajoki Peruskoulu* chose to provide a half course (1/2 hour per week) in 7th and 8th grade, followed by a full course in 9th grade.

Individual guidance sessions were provided to pupils primarily in the 9th grade, although if there was time individual contacts would occur at the 7th and 8th grade. Within *Alajoki Peruskoulu*, individual contact took place on a needs basis, whereby pupils could make appointments at any time, although this usually occurred in the 9th grade.

The content of each school's student counselling was also similar. Within the 7th and 8th grades the initial focus was on familiarising pupils with the structure of the *Peruskoulu* and the choices in education that would be available for them at that level of schooling. This then moved on to learning about self-esteem and study techniques such as mind-maps as well as developing the skills to work in groups.

By the 9th grade student counselling in every school focused on the decision of where each pupil would continue their studies and applying for places at those institutions. Considerable time in both group and individual guidance sessions would be spent looking at the available choices for continuing education depending on each pupil's interests and grades. In addition pupils would be given the opportunity to visit the institutions where they were considering continuing their studies. Pupils would then be given the opportunity to explore how their educational interests related to possible careers in the future.

Alajoki Peruskoulu also invited representatives from industry to visit the school and give lectures to the pupils. In particular they had developed a link with Nokia who actively tried to motivate young women into considering this more technological field.

All four student counsellors interviewed stated that the overriding emphasis of student counselling was first to make sure that every pupil had the opportunity to continue his or her education. Second, to make sure that every pupil understood that obtaining meaningful employment without at least three more years of education was a very hard thing to do. The counsellors then related those two points to the reasons as to why such a high percentage of pupils continued in education beyond the age of 16. All counsellors noted that no pupil should be without a place to study, as there were so many opportunities to study. Additionally they believed that young people were more than aware of the lack of opportunity in employment without the extra three years and therefore the majority would choose to continue their studies.

Scotland

In Scotland although careers guidance has been provided within all Scottish schools since 1968, there has not been a set structure or content defined for all schools within curriculum guidelines[1]. Therefore it was not surprising to note that none of the schools examined shared a common defined structure to their provision. Additionally there was considerable variation within the content provided across the four schools.

At both Lochend Secondary School and Arbourness High School careers guidance was provided within the remit of Social Education and PSE respectively. Both provisions were forty minutes per week and careers guidance would take

[1] There are however national programmes of work experience which all pupils are expected to undertake during S3 and additional work experience opportunities available from S4-S6.

approximately one quarter of the focus of Social Education/ PSE each year. At Lochend this work began in 2nd year (13-14) and at Arbourness in the 1st year (11-13).

At Glendale Academy there was no Social Education provision until 1990-91 at which point careers guidance became part of the PSE (Personal and Social Education) provision. Prior to that time careers guidance was provided as a separate subject beginning in the 1st year, although the amount of time per year was not specified. After it was incorporated into PSE the provision remained from 1st year and similarly to the first two schools, was provided within approximately one quarter of the total PSE allocation of forty minutes per week.

At Scotallen Secondary School there was also no PSE provision[1] and instead careers guidance was provided as a separate subject from 3rd to 6th year (14-18). Careers guidance was provided for forty minutes per week for a period of nine weeks for each year group.

Individual guidance sessions also varied across the four schools, although, despite the variations in the structuring of this provision, all pupils had the right to self-refer for guidance when required. At Lochend Secondary School there were two layers to this provision. Each year group from the 2nd year on would have two official slots a year to make an appointment with the guidance teacher as required. The guidance teacher noted, however, that as their school community was relatively small and close-knit, pupils would often have informal conversations, in

[1] The first PSE programme was introduced to Scotallen Secondary School in 1998-1999.

the hallways or the playground, rather than coming to see him in a more formal setting.

At Glendale Academy formal interviews with a careers officer were linked into school reports in 4th, 5th and 6th year. Those leaving in 4th year and 5th year were given priority and by the end of 4th year approximately 60% of pupils would have been interviewed.

At Scotallen Secondary School all 4th and 5th year pupils were interviewed by their guidance teacher and priority was given to those who were leaving and (in 5th year) to those who were considering continuing their education at university. During these interviews a careers profile was developed between the guidance teacher and the pupil. This file would then be passed on to the school's careers officer, who was available twice-weekly for self-referral by pupils.

Lastly at Arbourness High School there were no specific individual slots set aside for pupils, although all were encouraged to make appointments with the careers officer. In this school the pupils could self-refer at any stage to the careers officer or have informal discussions with any of the guidance staff.

Therefore, the structure of careers guidance provision was different in each school and although there were a number of similarities in the overall contents, what was provided at different stages of a pupil's school career varied between the schools.

The common aspects across schools were the exploration of study options for 3rd and 4th year in the first instance and then for 5th and 6th year if pupils remained in school. Additionally, all but Scotallen Secondary School utilised the Jig-Cal computer programme in 3rd year, which presented pupils with career options most suited to the details they provided about themselves.

Every school apart from Lochend Secondary School provided a career library for their pupils to encourage pupils to do their own research into careers that interested them. In the 5th and 6th years most schools hosted either career or education conventions and all schools allowed their pupils to visit open days for education institutions of their choice. Further and higher education continuation did not appear to be a particular focus of careers guidance until pupils had reached 5th and 6th year (post-16). Prior to that, careers guidance concentrated primarily on employment choices first and continuing education options second.

Having explored the variations in structure and content of each school's careers guidance provision, each of the guidance teachers went on to explain what they perceived to be the main aims of the careers guidance that they provided. This was one area where there was continuity across the four schools. Every guidance teacher stated that the main aim was to help young people achieve whatever it was that they wanted to achieve and to provide them with the skills to make the right decisions for themselves. They emphasised to me that for many pupils that did not necessarily mean pursuing further or higher education.

Summary

A number of interesting similarities and differences have been identified in this chapter in relation to each policy area. Of particular interest is how the policy implementation at the local level appears to reflect the availability of guidance (or lack of it) regarding specific policy areas at the national level.

With regard to sex education policy a key difference identified at the national level in Chapter Four was the apparent structure to the national guidance to schools in Finland that was absent in Scotland. This appears to have a notable effect on the provision of sex education in both countries, in that in Finland, where there are national guidelines regarding the content, teaching methods and time allocations of sex education (as topics within the three core curriculum subjects), all four schools had followed the guidelines set out in the national curriculum and had often provided more sex education than specifically required. Further to this, the focus, aims, methods of teaching and content of the sex education provided was also consistent across the four schools, again reflecting each school's adherence to national guidance.

In contrast to the visible effect of national guidance on local implementation of policy in Finland, in Scotland the lack of official guidance with regard to the teaching of non-curriculum sex education was reflected in the lack of consistency in time allocation, focus and content of the provision in the fours Scottish schools. The only consistency in provision was in the teaching of biological reproduction for 1st year pupils as set out in the 1st year Scottish Syllabus. This was, however,

not considered by Biology teachers to be 'sex education', rather it was a sub-section of Biology taught for the purpose of examination.

In both countries, however, there was a lack of official guidance regarding in-service teacher training and this was reflected at the local level by the inconsistency across schools in both countries in the uptake of such training. Therefore, although teachers in Finland had received in-subject training for the elements of sex education that were included within their curriculum subject, only a small number of teachers across the four schools had undertaken in-service at their own initiative.

In Scotland, the amount of teacher training undertaken by Scottish teachers varied considerably, from the majority having had very little or no training in three of the school to the teachers at Arbourness High who had all undertaken a number of courses. The teachers at Arbourness High had noted, however, that although there were no national guidelines about teacher training their local authority support for, and provision of, in-service training was good which may explain the difference in uptake of this training. It is also worth highlighting that of the four schools, the programme of PSE at Arbourness was the only one of the four to presented a more 'positive prevention' approach, its content was the most varied and annually updated based on what pupils requested that they wanted to learn and of the four schools it had the most developed non-didactic teaching methods.

Finally, in both countries there was an expectation, although no official policy regarding the use of sexual health experts in the provision of sex education. In

turn, the use of such experts was not consistent across schools in either country. In Finland, although the school nurse was expected to be involved with sex education, only one of the four nurses actively taught in the classroom. In Scotland, although there was an encouragement from the Scottish Office that schools should use whatever additional resources available to them, in practice, although sexual health experts were valued at the school level, they were often restricted in use due to the time constraints of the experts and financial restraints of the schools.

However, because of the on-site location of the school nurse within Finnish schools, even although most were not engaged in classroom teaching, they were available and actively used a knowledge resource for teachers involved in providing sex education as well as a source of sex education advice for pupils on a one-to-one level. Where as in Scotland, because the sexual health experts were external rather than school based, no such resource was available to teachers or pupils in the Scottish schools.

With regard to sexual health policy, as was highlighted in Chapter Four, despite basic similarities in the availability of sexual health services that young people could access in the local community, the key policy difference between the two countries that appeared most likely to impact on young people at the local level came in the form of the ease of access that the school nurse offered to young people in Finland in contrast to Scotland.

Most of the provision available to young people in the local community in both countries are problematic in terms of what research has revealed with regard the

particular access needs of young people. The school nurse system in Finland however provides young people with a service which is confidential, hidden from public view, free, open at times that suit young people and is run by individuals trained to work specifically with young people, which crucially means that this service, because of its location, is brought to the young people as opposed to young people having to go out into the community to seek help. Further to this because it would often be the same school nurse that would be available to a pupil throughout their time at that school, this would enable trusting relationships to develop between the nurse and pupil, also enabling nurses to be aware of each individual context in relation to advice giving.

In relation to education policy Chapter Four established that in both countries young people are able to leave education at the age of sixteen and yet annually more people choose to remain in education post-16 for at least two years in Finland than in Scotland. This was further reflected at the school level with stay on rates being 100% for the four Finnish schools, with 1-5% going on to a 10^{th} grade (1 year) rather than high school or vocational school (2-3 years) compared to 68-86% remaining at school for one extra year and 51-68% for two years post-16 in the four Scottish schools.

In Chapter Four potential explanations for this difference in stay-on rates were suggested to be the focus and structure of careers guidance (student counselling) in each country and the extent to which continued education was presented at the school level as the normalised route for all young people.

This chapter has highlighted that the provision of careers guidance (student counselling); its focus and content did indeed vary at the school level between the two countries. Again the provision of national guidance in Finland and the lack of such guidance in Scotland appears to impact upon the consistency in structure, content, focus and time allocation found within the four Finnish schools in comparison to variations in structure, content and time allocation in the Scottish schools. What remained consistent across the Scottish schools, however, was the primary focus on future career options and employment as opposed to the primary focus on continued education in Finland. In turn the projected 'normalised' path for young people in Finland was primarily geared towards continued education whereas in Scotland, continued education (to university or college) was only projected as normalised for those pupils who had already taken the step to remain at school for their 5^{th} – 6^{th} year/s to undertake further study.

With regard to the potential effect of the structure of education encouraging more young people to remain in education post-16, the main difference at the local level appeared to be the greater variety of option choice and the more equal status between those choices in Finland compared to primary focus on exam based academic study in Scotland.

Having located and mapped the three policy areas at the national and local levels and identified the key similarities and differences at the different levels of policy between the two countries in Chapters Four and Five, the next chapter, therefore, presents the main analysis of these key similarities and differences. In doing so Chapter Six draws out the main themes that have arisen from this research.