Health Promotion Service – Project Overview

TITLE	Sex and Relationships Advisor
NATIONAL TARGETS (e.g. 'To reduce the under 18 conception rate by 50% by 2010')	Government Response to the Report by the SRE Review Steering Group (2008) Key Targets: PSHE will be made a statutory subject in all 4 key stages, with statutory content (for secondary schools) based on the current non-statutory programmes of study for personal well being. Statutory content for primary schools should be based on new programmes of study being developed by QCA (as part of primary curriculum review) LAs and Primary Care Trusts (PCTs) will recognise the role of school nurses and youth workers in relation to SRE and agree what resource is available to support SRE in school - Will need to be done in the context of local agreements and priorities e.g. to reduce under-18 conception rates Include a question on whether SRE has met young people's needs, as one of the school-level indicators used by Ofsted to assess a school's contribution to pupils' well being Revise inspection framework to place more emphasis on well-being, including SRE DCSF will develop a brief for LA and PCT on how SRE/PSHE can support achievement of national indicators and encourage them to put pressure on schools that do not prioritise SRE or allocate resource to help schools improve SRE. DCSF will establish a working group to consider what SRE should be provided post-16 DCSF and Dept of Health will provide more funding to evaluate what works in SRE

	<u>The Social Exclusion Unit report (SEU 1999) -2 national targets (jointly agreed by DH and DCSF)</u> 1. to halve under 18 conception rate by 2010 (& to establish a firm downward trend in the under 16 rate) 2. to increase (60%) the participation of teenage parents in education, training or work, to reduce the risk of long term social exclusion <u>Teenage Pregnancy Strategy</u> The 2 targets above along with in particular 'Making sure that all young people receive a planned programme of SRE, delivered within the PSHE framework is a main aim of the strategy' <u>Cornwall and the Isles of Scilly Local Area Agreement Document for Sexual Health.</u> <u>DH (2004) the White Paper 'Choosing Health'</u> We will ensure a broader reach of information about sexual health for Young People…… ➢ development =f interactive learning material ➢ Increased support for parents…. <u>Sex and Relationships Education and Guidance 0016/2000 (DfES 2000)</u> Aims to address uncertainty about what SRE is and how it should be taught. <u>ECM: Change for children (DfES 2003)</u> Our aim is to ensure that every child has the chance to fulfil their potential by reducing levels of educational failure, ill health, substance misuse, teenage pregnancy…. <u>National Service Framework for Children, Young People and Maternity services (DH 2004)</u> Standard 4 - All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood <u>NHSP</u> Provides a key vehicle for giving support to schools on improving quality of SRE. Healthy Schools Plus target for schools to develop work which is outcomes led, and addresses local priorities, with many schools choosing SRE as a focus.

	<u>SEAL (DCSF 2004)</u> The Social and Emotional Aspects of Learning (SEAL) programme is being implemented in primary schools, and the rollout of SEAL to secondary schools starts in September 2007. Primary SEAL provides a whole-curriculum framework and resource to develop pupils' social and emotional skills through a whole-school approach. It focuses on five key areas of learning: self-awareness, empathy, managing feelings, motivation and social skills. Developing skills in these areas is likely to help reduce bullying. SEAL helps schools to meet many of the requirements of the non-statutory PSHE framework and to acquire National Healthy School status through its contribution to promoting emotional health and well-being.
EVIDENCE OF EFFECTIVENESS (e.g. Research, NICE guidelines)	<u>Time for Change? PSHE, HMI 070049 (Ofsted April 2007)</u> We can learn form the experience of other countries and areas in the UK such a Camden, where levels of teenage pregnancy are lower than in the rest of the country. In these areas…..Effective SRE programmes provide pupils with the knowledge they need but also deal with the issues of emotional development and self-esteem. Many young people say……parents and teachers often leave it too late and do not talk about such issues until they have reached puberty or have started feeling sexual desire. In the case of SRE did not want just biological facts but want to talk about feelings and relationships Specialist teachers……broad range of teaching approaches Effective SRE should help pupils to develop the personal skills they will need if they are to establish and maintain relationships and make informed choices and decisions about their health and well-being. <u>Guidance for LA and PCT's on effective delivery of local strategies (DfES July 2006) – key findings</u> Case Study Hackney: Puling it Together (Secondary) Christopher Winter Programme (Primary): Hackney's teenage pregnancy rates have fallen by 10% between 1998 to 2004. Strong delivery of SRE/PSHE by schools – key features:

	systematic delivery of SRE/PSHE in secondary and primary schools, strong focus in 'healthy schools' … Effective SRE delivery is critical – the national evaluation if the first 4 years of TP strategy affirmed importance of school SRE as a source of learning…the evaluation found that....areas where a higher proportion of young people said the SRE that received had met their needs, had lower under 18 conception rates. It was also clear form the in depth <u>research done by TPU</u> that the provision of SRE, within PSHE, was demonstrably better in the high-performing areas. Locally: areas should ensure that: All schools : -have an SRE policy and are delivering a comprehensive programme of PSHE…… - plan and evaluate - PSHE is delivered by specialists teams, - PSHE training, prioritised for schools which have under-18 conception hotspot wards Increased focus on promoting benefits of delay within SRE… Young people in school, as part of PSHE, are provided with precise details of local services… <u>NHS Centre for Reviews and Dissemination (CRD). Effective Healthcare Bulletin 3 (1) Preventing and reducing the adverse effects of unintended teenage pregnancies, University of York, 1997</u> Good, comprehensive sex and relationships education which starts before the onset of sexual activity does not make young people more likely to have sex. In fact it helps them to delay starting sex and makes them more likely to use contraception when they do. Young people repeatedly tell researchers that they believe the sex education they receive is too little, too late and too biological. They report too little discussion of social and emotional issues and that what little information they are given about sexually transmitted infections is not placed in the context of young people's lives. <u>C Carrerra, R Ingham, N Stone, Exploration of the factors that affect the delivery of sex and sexuality education and support in and out of schools, CSHR, University of</u>

	Southampton, 1998 The vast majority of parents are in favour of sex education in schools. A 1998 study found that 96% of parents want schools to provide SRE. They also believe that discussions of contraception and visits to local services should start at an earlier age than they do currently. S Prendergast, This is the time to grow up. Girls experience of menstruation in school, Health Promotion Research Trust, 1992 One in three girls are not told about periods by their parents before they start menstruating. One in ten start their periods without receiving information from anyone at all. Health Education Authority, Young People and Health, HEA, 1999 Over a quarter of 14-15 year olds surveyed in 1999 thought the pill protected against sexually transmitted infections. K Wellings et al, Sexual behaviour in Britain: early heterosexual experience, The Lancet, Vol 358, December 1 2001 However, the second National Survey of Sexual Attitudes and Lifestyles found for the first time that young people age 16-19 reported school based lessons as their main source of information about sex. K Wellings et al, ibid Young people who learn about sex mainly from school are less likely to become sexually active underage than those whose family and friends are their main source of information. University of Teesside lack of quality, quantity, of SRE in order to counteract problems of TP Abraham 2003 conventional methods of SRE delivery – produced limited success

	Medical Foundation and Sexual Health Some (good) SRE does encourage YP to delay and use a condom or other contraception Education in Sex and personal relationships Allen, I Policy studies- Institute research Report Realistic info from Parents and their children – 17% parent dissatisfied with SRE – 1/3rd because not enough, 1/3rd because not about specific issues. 95% of YP and 96% parents said schools should provide SRE (not to the exclusion of parents) Parents saw schools as cooperating with them. (FPA/Mori 2000, SEF 2006). The vast majority of parents/carers want their children to receive school-based SRE Sex Education Forun: Briefing Paper 2008 – Young people's survey on sex and realtionships educaiton Key Findings – SRE needs to improve – SRE is inconsistent – More teacher training is needed – SRE is too biological – SRE starts too late – SRE ends too soon – Better practice needed
AIMS	✓ To contribute to the strategic oversight of SRE delivery by LA, PCT in line with LAA ✓ To explore and improve the delivery of SRE ✓ To establish high quality SRE in Primary and Secondary Schools via the implementation and delivery of a comprehensive SRE curriculum within the PSHE framework
OBJECTIVES	• To improve skills and confidence of those (primarily teachers) who deliver SRE • To work in partnership with Healthy Schools (Plus), PCT, Speakeasy to coordinate a programme across Cornwall, developing and implementing Cornwall's strategy for meeting the LAA

	• Working with primary and secondary schools to review/develop the curriculum, in light of the most recent national and local guidelines • To promote effective partnerships between schools and parents • To develop, co-ordinate and participate in the delivery of training events to meet identified need of education providers • To support and encourage development of Healthy Colleges Standards, and work with Post 16 providers to assist in developing SRE (in relation to Healthy Colleges)
PROJECT TARGETS	To Identify needs of Primary and Secondary schools To develop/access appropriate training and support To support 10% of Primary and Secondary schools in ways which best meet their identified needs with the aim of establishing a coherent, well taught SRE curriculum which meets the needs of their young people To have developed alongside participating Primary and Secondary schools an SRE resource (not one size fits all) that models and reflects good practice, incorporates active, participatory teaching & learning methods as part of delivery To have contacted Special Schools and provided networked support and training To have reviewed SRE provision in Post-16 establishments
ACTIVITIES	To contact schools and post 16 providers – encourage to participate in service provided <u>Training programme development</u> to meet need Speakeasy development appropriate for teachers (to explore own embarrassment/confidence etc)

	Active/participatory T&L methods encouraged and explored Scheme of work development for schools Support identified key teaching staff - team teaching etc….. Current training available to schools - key providers identified and awareness and communication of these made accessible to schools. Develop with NHSP To contribute to the Continuing Professional Development in PSHE programme Attend targeted training - CWP Healthy Schools - work alongside, develop common practice (particularly in relation to Healthy Schools PLUS) Consultation with YP in schools to better understand what they say they need (and when) Ensure Local Sexual Health Services aimed at YP (drop-ins, C Card etc) signposting is integral to SRE work Create a mapping of the external agencies who work in schools and how they can best support an effective ongoing SRE programme To liaise with and support NHSP in establishing effective work toward post-16 providers and Healthy College status
EVIDENCE (how you will collect the **evidence** that demonstrates your objectives have been achieved)	Records of email correspondence Feedback forms for all engaged schools YP consultation evaluation Evaluation exercises of SRE Records of meetings and visits

	Evaluation sheets Photographs Diary sheets Reports (LAA etc) Questionnaires - YP
DELIVERY PARTNERS and Stakeholders	• PSHE/SRE Lead Teachers • School Nurses • School Governors • Head Teachers • Healthy Schools team • County Adviser for RE & PSHE/CCEDS • Condom Card Scheme Coordinator • Reducing Teenage Pregnancy Coordinator • Young People's Sexual Health Promotion Worker • Chlamydia Screening Unit and Outreach Worker • GU Clinic • Contraceptive and Sexual Health Services • Brook Advisory Service/Clinics • Youth Service • Connexions • DAAT • EEFO • Local Media • Speakeasy coordinator