

Health Promotion Service – Project Overview

TITLE	Sex and Relationships Advisor
NATIONAL TARGETS / LOCAL PRIORITIES	<p><u>SEX AND RELATIONSHIPS EDUCATION GUIDANCE TO SCHOOLS - DCSF January 2010</u> This document on sex and relationships education (SRE) replaces existing guidance to schools (DfES0116/2000) (section 1.1).</p> <p>DCSF (2010) Provisional data: Under 18 conception statistics 1998-2008</p> <p><u>The Social Exclusion Unit report (SEU 1999) -2 national targets (jointly agreed by DH and DCSF)</u></p> <ol style="list-style-type: none"> 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 <p><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’</p> <p><u>Cornwall and the Isles of Scilly Local Area Agreement Document for Sexual Health.</u></p> <p><u>DH (2004) the White Paper ‘Choosing Health’</u> We will ensure a broader reach of information about sexual health for Young People.....</p> <ul style="list-style-type: none"> ➤ development =f interactive learning material ➤ Increased support for parents.... <p><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....</p> <p><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</p>

	<p>needs as they grow into adulthood</p> <p><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.</p> <p><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.</p>
<p>SCOPING</p>	<p><u>Sex Education Forum: Briefing Paper April 2010: external visitors and SRE</u> This publication is designed to support teachers, school leaders, SRE leads, advisors and coordinators – as well as commissioners and external visitors themselves – in understanding how external visitors can best contribute to SRE.</p> <p><u>TellUs4 national report (2010) Ofsted</u> This report covers the results of the TellUs4 survey of over 250,000 children and young people in England. The survey asked Year 8 and 10 pupils how helpful the information is that they receive on smoking, drugs, alcohol, healthy eating, handling your feelings, managing money, staying safe and sex and relationships. 13% of young people said they had not received any information on sex and relationships, 19% said the information they had received was not helpful and 53% said the information was helpful.</p> <p><u>Talking about sex and relationships: the views of young people with learning disabilities (2010) CHANGE</u> Final report of the sexuality project by CHANGE, 2007-</p>

2010. It highlights where the gaps are in sex education for young people with learning disabilities, and makes recommendations. Research was carried out with young people with learning disabilities using drama, interviews with parents and teachers and a national survey of special schools.

[Young women, agency and intimacy in sexual relationships](#) (2009) Maxwell, C et al, Institute of Education

This study set out to explore young women's understandings and experiences of power in their sexual and intimate relationships. Fifty-four young women in the Sixth Form of one school in southern England were involved in the research through focus group discussions, in-depth interviews and participant observation. The 'key issues' document sets out the research and policy context for work on sexual and intimate relationships with young people, draws out the key findings from the study, and includes a list of ideas for SRE teachers to build awareness of gender equality.

[Review of Sex, Relationships and HIV Education in schools](#) (2008) UNESCO

This international literature review, with a focus on sub-Saharan Africa, finds that: "there is overwhelming evidence to demonstrate that sex, relationships and HIV education programmes can increase knowledge and affect values and attitudes. The report recommends that sex, relationships and HIV education begin in primary school and be teacher-led.

[Review of Sex, Relationships and HIV Education in schools](#) (2008) UNESCO

This international literature review, with a focus on sub-Saharan Africa, finds that: "there is overwhelming evidence to demonstrate that sex, relationships and HIV education programmes can increase knowledge and affect values and attitudes. The report recommends that sex, relationships and HIV education begin in primary school and be teacher-led.

[Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases](#) (2007) Kirby, D. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy

This review sets out the behaviour and factors that affect teenage sexual health and reviews evidence from

evaluations of educational programmes designed to reduce teenage pregnancy and STIs. It also presents analysis of the characteristics of effective curriculum-based programmes (see Chapter 7).

Time for Change? PSHE, HMI 070049 (Ofsted April 2007)

We can learn from the experience of other countries and areas in the UK such as 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.

Guidance for LA and PCT's on effective delivery of local strategies (DfES July 2006) – key findings

Case Study Hackney: Pulling it Together (Secondary)
Christopher Winter Programme (Primary): Hackney's teenage pregnancy rates have fallen by 10% between 1998 and 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 of 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 from the in depth research done by TPU 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...

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

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.

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 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 is not told about periods by their parents before they start menstruating. One in ten starts 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.

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 Forum: Briefing Paper 2008 – Young people's survey on sex and relationships education

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

K Wellings et al, ibid

	<p>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.</p> <p><u>Medical Foundation and Sexual Health</u> Some (good) SRE does encourage YP to delay and use a condom or other contraception</p> <p><u>Sex Education Forum: Briefing Paper April 2010: external visitors and SRE</u> This publication is designed to support teachers, school leaders, SRE leads, advisors and coordinators – as well as commissioners and external visitors themselves – in understanding how external visitors can best contribute to SRE.</p>
<p>AIM(S)</p>	<ul style="list-style-type: none"> ✓ 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
<p>OBJECTIVES</p>	<ul style="list-style-type: none"> • To improve skills and confidence of those (primarily teachers) who deliver SRE • To work in partnership with Healthy Schools, PCT, Speakeasy to coordinate a programme across Cornwall, developing and implementing Cornwall's strategy for meeting the LAA targets • 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

<p>PROJECT TARGETS and BEHAVIOURAL GOALS</p>	<p>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 children and young people.</p> <p>To offer CWP training to teachers; linking closely with Health Schools</p> <p>To identify (strategic) development of collaborative work with SPSEAKEASY to improve outcomes for children and their families.</p>
<p>THE PROPOSITION</p>	<p>To contact key schools to offer support/advice</p> <p>To develop managed CWP training with HS</p> <p>To contribute to the Continuing Professional Development in PSHE programme</p>
<p>EVALUATION</p>	<p>Initial visits and meetings to establish current practice and provision</p> <p>pre and post evaluation (training)</p> <p>support 'follow up' to develop work</p> <p>'pledge' to continue</p> <p>PSHE curriculum will reflect SRE development</p> <p>Records of meetings and contact</p>
<p>DELIVERY PARTNERS and Stakeholders</p>	<ul style="list-style-type: none"> • PSHE/SRE Lead Teachers • School Nurses • School Governors • Head Teachers • Healthy Schools team • County Adviser for RE & PSHE/CCEDS • Reducing Teenage Pregnancy Coordinator • Contraceptive and Sexual Health Services • Brook Advisory Service/Clinics • EEFO • Local Media • Speakeasy coordinator