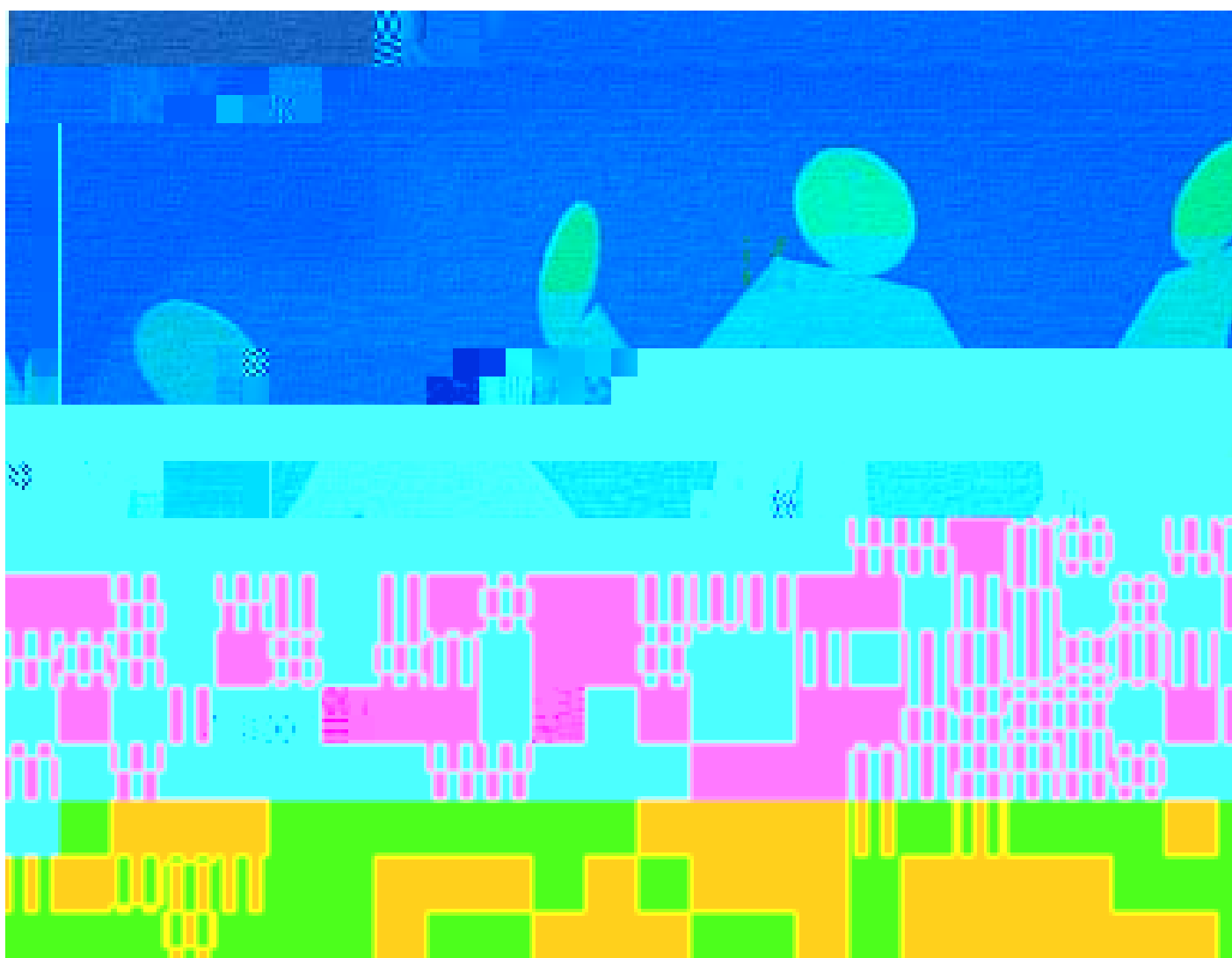


Education on Relationships and Sexual Health




A report from Overview & Scrutiny

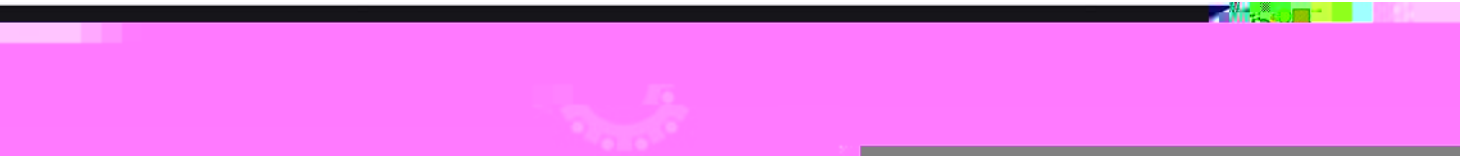


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Preface

By Cllr Jon Hunt

Chair, Children and Education Overview and Scrutiny Committee

It has been rewarding and challenging to work with the Members of the UK Youth Parliament (UKYP) on a review of this difficult area over a course of nearly two years. The review was instigated because the newly appointed UKYP representatives on scrutiny flagged this issue as a major concern, reporting very varied delivery of sex and relationships education across the city.

Much credit must go to my co-chair from the UKYP, Tyrone Fowles, and also thanks are due to the Health



By Tyrone Fowles


Joint Chair, Education on Relationships and Sexual Health Review
Group

In the first year of joining the United Kingdom Youth Parliament (UKYP) at the top of my list was the issue of Sex and Relationship Education (SRE) and when I had the




Summary

- 1.1.1 The idea for this review came directly from the Youth Representatives on the Children and Education O&S Committee. They felt that young people did not always receive the highest quality of Sex and Relationship Education (SRE) within their schools and they were very keen on wanting to explore this issue in further detail. As a result of their enthusiasm a joint review group made up of Elected Members and young people was set up.
- 1.1.2 Recent press coverage has focussed the spot light on the issue of teenage pregnancy. The UK has the highest teenage conception rate in Western Europe and one of the highest of all developing countries. This is not to say progress is not being made as the under 18 conception rate, although high is now at its lowest level for 20 years. In 2007 the under-18 conception rate for Birmingham was 52.8 per thousand, a 9.5% reduction since 1998. But there is clearly room for more preventative action and it is clear that the provision of effective SRE has a significant role to play.
- 1.1.3 The Review Group [to be published] - 5th ac7(e)-5.mpf for acety5.1(f(hiyl453fdn [(re Revi)ce-0.2(s)c




1.1.6 According to the DCSF Sex and Relationship Guidance (2000), Sex and Relationship Education is defined as:



1.1.12 Greater involvement of parents in the development of SRE programmes will go a long way towards dispelling the myths and taboos associated with the topic area. The Review Group were very clear that age appropriate SRE was a key factor in ensuring effective delivery. Members were also told that some of the negative press coverage to

Summary of Recommendations

	Recommendation	Responsibility	Completion Date
R1	That the Cabinet Member gives consideration to the rolling out of existing initiatives to additional areas of the city identified as being at high risk and where there is support from schools and agencies working directly with young people.	Cabinet Member for Children, Young People and Families	November 2009



Recommendation

Responsibility

Completion Date



1 The Review Process

1.1 Reasons for Review

1.1.1 The topic area for this review was initially suggested by the Young People's Representatives on the

- Exploring the effectiveness of the provision of SRE for children in care, children excluded from school, children with Special Education Needs;
- Exploring the role of the voluntary sector in contributing to improving the sexual health of young people;
- Exploring the role of school governing bodies in delivering SRE in a culturally sensitive manner; and
- Exploring access and availability of services.

1.3 Membership of Review Group

1.3.1 The Review Group was made up of Cllr Jon Hunt (Chair), Tyrone Fowles (Co-Chair and Youth Representative), Cllr Kim Brom, Cllr Chaudhry Rashid (Nov 2007 - May 2008), Cllr Reg Corns, Peter Wilkie Cooke (Parent Governor representative Nov 2007 – Sep 2008), Mary Edwards (Church of England representative), Roger Gittens (Union representative), Lois Smith and Richyal Rana (Youth Representatives).

1.4 Methodology

1.4.1 We undertook an analysis of a range of literature and reports available nationally and internationally including reviews of the service conducted elsewhere in the country.

1.4.2 The Review Group met and received evidence from a number of officers from various departments across the City Council including:

- Health Education Service
- Youth Service
- Governor Support Unit
- Looked After Children Education Service (LACES)
- School-Aged Parent Support Team
- Teenage Pregnancy Team

1.4.3 In addition we were also very pleased to have input from a number of external organisations:

- Teachers from Birmingham schools
- Representatives from faith schools
- Standing Advisory Council for Religious Education (SACRE)

- School Nurses Team (Birmingham East North Primary Care Trust)

1.4.4 Finally, we also conducted two pieces of consultation work. One was a survey of all school governors within Birmingham, in addition the young people themselves devised and carried out a survey with other young people about their views of Sex and Relationship Education. Further details on the pieces of consultation can be found in Chapter 4.

1.4.5 Given the facts and issues outlined in the previous section, it is clear that Sex and Relationship Education has an important role to play in preventing unwanted pregnancies. That is not to say that SRE should be driven only by the need to reduce teenage pregnancy, it should also provide young people with information on a wide range of other issues and promote healthy lifestyles and support for positive relationships.

2 Background

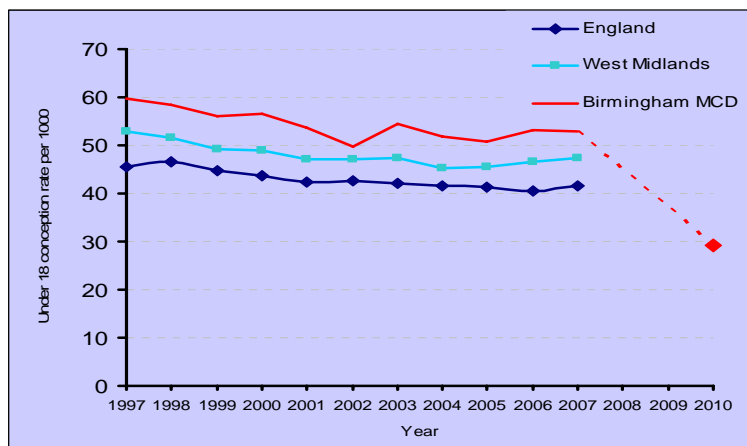
2.1.1 The following section of the report sets out the context for the review and focuses on national and local statistics in relation to teenage conceptions and STIs.

2.2 The Facts


2.2.1 From data presented by the Teenage Pregnancy Team, the Review Group learnt that the UK has the highest teenage conception rate in Western Europe and one of the highest of all developing countries. But the under 18 conception rate, although high is now at its lowest level for 20 years. Reducing teenage pregnancy rates and sexually transmitted infections are key Government targets.

- In 2007 the under-18 conception rate for England was 41.7 per thousand, a 10.7% reduction since 1998.
- In 2007 the under-18 conception rate for Birmingham was 52.8 per thousand, a 9.5% reduction since 1998.
- In 2007 there were 1,119 conceptions to under 18s in Birmingham. Around 51.0% were terminated. Birmingham is showing a reduction of 29 conceptions between 2006 and 2007 with a proportion of termination that has increased by 2% between 2006 and 2007.
- There were 577 under 16 conceptions in Birmingham from 2003-2005. Around 53% of these were terminated. (The latest under 16 data was not available at the time of this report going to print.)

Table One



(see paragraph 2.2.4)



2.2.2 Figures for the under-16 population show a small but concerning rise in the number and rate of

- 2.2.9 Teenage mothers have three times the rate of post natal depression of older mothers and a higher risk of poor mental health for three years after the birth. They are more likely, therefore, to need targeted support.
- 2.2.10 Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing and poor health, and have lower rates of economic activity in adult life.
- 2.2.11 Rates of teenage pregnancy are highest among deprived communities, so the negative consequences of teenage pregnancy are disproportionately concentrated among those who are already disadvantaged.
- 2.2.12 The cost of teenage pregnancy to the local NHS in Birmingham and Solihull is estimated to be around £1.5 million a year.

Who Gets Pregnant?

- 2.2.13 Members were told that half of all under 18 conceptions are in the 20% most deprived wards in Birmingham but deprivation is not the only factor. Teenage pregnancy is much higher among those with poor educational attainment, even after taking account of deprivation. Although between a quarter and a third of all young people have sex before they are 16, about 60% of boys and 47% of girls who leave school with no qualifications have sex before 16. These young people are also less likely to use contraception.
- 2.2.14 Poor school attendance is also associated with higher teenage pregnancy rates. Dislike of school has a strong effect on the risk of teenage pregnancy.
- 2.2.15 Young people from some ethnic groups are more likely to get pregnant than others. Rates of teenage motherhood are highest amongst those of Mixed White and Black Caribbean, Other Black, and Black Caribbean ethnicity, while White British mothers are also over represented. All Asian groups are under represented.
- 2.2.16 "Connectedness' to parent's traditional culture and religious observance are protective against early sex." (National survey of sexual health attitudes and lifestyle 2001)
- 2.2.17 Young people who are, or who have been, looked after are also at a significantly higher risk of teenage motherhood.
- 2.2.18 There are a range of other risks factors, including being the daughter of a teenage mother, sexual abuse in childhood, bullying at school, domestic violence, and mental health problems.
- 2.2.19 Alcohol and substance misuse are significant factors in young people's sexual behaviour.
- 2.2.20 There is increased sexualization of young women in the media (E.g. women only being valued for their appearance/sexual appeal, treated as objects.). The consequences of which may include: anxiety, shame, self-disgust – leading to depression, eating disorders, unrealistic or negative expectations of sex (including young men).
- 2.2.21 An increased access to pornography is also said by some to be distorting sexual expectations.



Sexually Transmitted Infections

- 2.2.22 In Birmingham, 1 in 10 people (15-24 year olds) tested are infected with chlamydia and the number of people testing positive has risen by 13% between 2004 and 2006. The highest rates are in Aston, Ladywood, Soho, Sheldon, Brandwood and Northfield.
- 2.2.23 For gonorrhoea the rates have been coming down since 2001 and the highest rates of infection are in 20-24 year old age group but in the BEN PCT (Birmingham East and North) area the greatest infections is in 16-19 year olds. The wards with the highest rates of infection were Sandwell (renamed Handsworth wood), Handsworth (renamed Lozells and Handsworth), Soho and Ladywood (Sex in the City, sexual health needs assessment 2007)




3 What is Sex and Relationship Education (SRE)?

- 3.1.1 Given the facts and issues outlined in the previous section, it is clear that Sex and Relationship Education has an important role to play in preventing unwanted pregnancies. That is not to say






- 
- Ensuring that the policy is made available for parents and that it includes clear procedures for parental withdrawal of their child(ren) from non statutory elements of SRE;
 - Having regard to the SRE guidance.

3.3.5 The policy must describe how SRE is to be provided and who is responsible for providing it, say how it is to be monitored and evaluated, include information about parents' right to withdraw and it must be reviewed regularly.

3.4 The Government Review of Sex and Relationship Education

3.4.1 An independent national steering group was established to take forward the commitment in the Children's Plan to, 'Review the delivery of Sex and Relationships Education (SRE) in schools'. Membership of the National Steering Group was representative of a full range of interests and received wide ranging support. Its findings were published in autumn 2008 and they were seen as

- 
- SRE needs to complement wider provision of information, advice and support to young people on sex and relationships, led by parents and supported by high quality and accurate advice and support by schools, helplines, websites, peer educators and other professionals

- Partnership working

3.5.2 Further details are listed in Appendix 1.

3.6 “Are You Getting It?” The UK Youth Parliament

3.6.1 Members of the Review Group were also presented with the UK Youth Parliament (UKYP) report on Sex and Relationship Education. This was a national survey of over 22,000 school children and looked at their experiences of SRE.

3.6.2 The report states that the young people felt the SRE they were largely getting in school was too little to late and with not enough of a focus on relationships.

3.6.3 The findings were very interesting. 40% of students believed that the SRE provided within their schools was poor or very poor, 33% said it was no better than average and more than half had never been told where their local sexual health clinic was located. 61% of boys and 70% of girls over the age of 17 reported not having received any information about personal relationships at school. Overall 43% of those surveyed stated that they hadn't been taught about persona-5.4(h2)

3.6.3

3.8 Sex and Relationship Education within Birmingham

3.8.1 As indicated above Sex and Relationship Education in Birmingham is largely but not wholly provided within school based settings. A range of initiatives and support is available to schools to assist the provision of this service.

Role of the Health Education Service (HES)

3.8.2 The HES offers training and consultancy to all schools in Birmingham and consists of 27 members of staff working on a variety of projects and subject areas. It runs the healthy schools programme for the Council as well as the PSHEe CPD programme (Continuing Professional Development).

3.8.3 The HES offers a full range of courses around SRE policy and practice in both primary and



Early Years Healthy Settings Award

3.8.22 The Health Education Service is working towards securing funding to develop and implement a parallel programme to the Healthy School programme, for early years settings. The programme places a requirement on all early years settings to have a SRE policy in place, developed in consultation, implemented and monitored for impact. Settings are supported through the process and required to use local data to influence policy and provision.

4 Evidence received

4.1 Witnesses

4.1.1 This section sets out the evidence received from a variety of witnesses. It is ordered into the following sections:

- Health Education Service
- Looked after Children
- School Age Parent Support Team
-

- 4.2.7 In secondary schools, the non statutory element of SRE is delivered within the context of the PSHEe curriculum. As a result it was felt that this was often pushed to the bottom of priorities in school environments driven by exam results and league table positions.

Quality of SRE

- 4.2.8 The Review Group was told that the quality of SRE provided can also vary. Some schools may have a very detailed scheme of provision, whilst others may just cover the basics which could just be a one off session by the school nurse or the use of an outside agency to do a session on STIs or contraception. The whole area of relationships, self esteem and peer pressure may not be dealt with at all. Some schools may spend 20 minutes every week on PSHEe (SRE forms an element of this) whilst others may just have one session a term.
- 4.2.9 The HES reported that 50% of schools in Birmingham had been found to teach excellent SRE, 20% were good, and 30% were poor. 20% of schools taught the subject to the legal minimum requirement.
- 4.2.10 It was also suggested that schools could use local data (e.g. teenage pregnancy rates, local infant mortality rates) to make programmes more meaningful.


Age Appropriate SRE

- 4.2.11 Members were also told that in some cases, girls were reaching puberty earlier and the provision of SRE within year 6 of primary school may, in some cases be too little too late.
- 4.2.12 It was stressed that good SRE does not promote early sexual activity. If anything, effective SRE could delay young people in having to make these decisions.
- 4.2.13 The HES was very clear that age appropriate SRE was a key factor in ensuring effective delivery. Members were also told that some of the negative press coverage to do with the subject had been quite detrimental. Parents were under the impression their children were going to be taught

Teacher Training and Take-Up of Support


- 4.2.15 The HES told us that in relation to the National PSHEe Continuous Professional Development programme, a school may have a “certificated” teacher, but this individual may not necessarily be in a position to deliver or influence the delivery of PSHEe. The programme is focused on the classroom delivery rather than co-ordination or management of PSHEe. To date 60 teachers have undertaken the “teachers PSHEe certificate” and these are largely primary school teachers.
- 4.2.16 Some schools are such that some, despite encouragement, have not responded to offers of support. This is an issue because there is not a representative cross section from all secondary schools across the city on the SRE taskforce mentioned in section 3.7. Some schools lacked a contactable person whilst other schools have abolished their PSHEe post and have Year Heads organising the PSHEe programme, this could mean that in one school for example you would have to meet with 5 people to discuss the programme and plan it across the year groups.
- 4.2.17 It was also felt that there was a need to review the content of initial teacher training as the current two week module was not appropriate to cover all aspects of PSHEe. Once in post, CPD was not necessarily the only avenue to ‘improve’ teachers. Senior management had a vital role in both this and in the general delivery of Sex and Relationship Education (SRE).
- 4.2.18 Take up of courses provided by the HES can be quite low, even when the courses provided have been free of charge. This is down to the costs incurred by schools having to pay for a supply teacher to cover the member of staff who is on training.
- 4.2.19 Not all schools are willing to engage with the service due to its links to teenage pregnancy, while others were unwilling due to the faith orientation of their school.
- 4.2.20 The HES felt it had more scope for encouraging joint working between partners. There was a need for a more co-ordinated approach with all partne

- Communicates effectively with family about issues, including sexuality
-




4.3.6 In response to a query as to who acted as 'parent' when it came to withdrawing young people from the discretionary element of sex education, Members were informed that it depended on who was the 'technical' parent. In some instances it could be a foster parent and others a biological parent. Nationally only 0.01% of young people were withdrawn from sex education.

4.3.7

- 
- 4.3.16 Where a looked after child becomes pregnant, it was considered that residential care was no longer a suitable environment and they were placed in foster care.

4.4 School Age Parent Support Team

- 4.4.1 The Members were pleased to have the opportunity to speak to an officer from the School Age Parent Support Team and were very impressed with the work that they were doing. The team aims to maintain the inclusion of school-aged parents and parents-to-be by providing them with individual programmes of support and integration.
- 4.4.2 Members were told that the team was made up of two officers and last year they had worked with

- 
- It should not be delivered by a teacher (who could report back to the staff room) but by somebody who was 'anonymous';
 - They would have preferred anonymous teaching and one to one counselling;
 - ~~For SAO 05-10~~

Sexual Health Education Programme

4.5.5 The Government's Teenage Pregnancy Unit identified in 2006 a list of 14 key Wards for the Youth Service to target its activities under this programme. It is currently running 24 projects across the city with Teenage Pregnancy money which is time limited to March 2009.

4.5.6 The 14 wards are:

Aston	Shard End
Acocks Green	Kingstanding
Ladywood	Stockland Green
Nechells	Bartley Green
Hodge Hill	Stetchford and North Yardley
Tyburn	Weoley
Erdington	Kings Norton

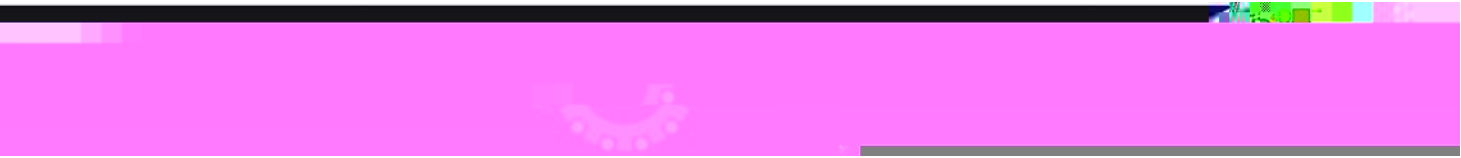
4.5.7 The project was restricted to the 14 priority Wards. It can work alongside existing school programmes although in some cases there was resistance from some of the schools. It is also delivered in more informal settings used by the youth service. The young people involved in the programmes were identified through a range of agencies including schools.

4.5.8 The programmes are run over a period of 20 – 30 hours and are split into 5 sections covering:

- Sexual organs, condoms use and attitudes , sexual health provision and support;
- Contraception and protection and sexually transmitted infections;
- Pregnancy, parenting and responsibilities;
- Relationships, sexuality, morals and values; and
- Personal aspirations, skills and future choices.

4.5.9 The Youth Service had reviewed the work undertaken, identifying good practice and new methods that it wished to promote, including work in specific areas of interest to young people.

4.5.10 The Review Group were told that youth t Tw<0078>T1on anoltST74sil(Tw<084)-0.4(78> T BITk4(c



- 4.7.2 To enable this, a survey was produced and sent out to both the Clerk and Chair of the governing bodies for all 430 schools within Birmingham. 833 surveys were sent out.
- 4.7.3 These were sent out at the beginning of summer term and people were given until the end of term to return them to the Scrutiny Office.
- 4.7.4 A total of 95 questionnaires (22% return rate) were received and a breakdown of the types of schools that responded are listed below.

Primary	76
Secondary	19
Grand Total	95

- 4.7.5 Responses were received from every Ward in the city. The full survey results are set out in Appendix 2.
- 4.7.6 Some caution must be taken when drawing conclusions from the results of this survey as it is based on a very small data set and it would not be possible to make sweeping generalisations for all schools within the city, but it would be fair to say that a number of interesting points and themes have been highlighted by the responses and are in keeping with the evidence that has been received by the scrutiny group during the course of the review.
- 4.7.7 All respondents had an SRE policy in place. 76% of the governors responding were aware of the content of their SRE programmes yet very few governors had received specific training on SRE. In fact 64% had received no training at all.
- 4.7.8 The survey also showed that 63% of primary schools and 42% of secondary schools consulted with parents. Those schools that actively consulted with parents felt that this was a worthwhile exercise that was beneficial to both parents and staff by enabling parents to understand exactly what was being taught to their children and in this way breaking down some of the myths and taboos associated with the subject.
- 4.7.9 In terms of delivery of the subject, within primary settings the majority of the lessons were delivered by class teachers whilst in secondary schools it is a mixture of form tutors, PSHEe Co-ordinators and the school nurse.
- 4.7.10 55 respondents had staff members delivering SRE that had had specific training on SRE, whilst 37 schools had staff who had received no training. The training received included HES courses, in house courses, training from the school nurse and in the case of faith schools training provided by the Diocese.
- 4.7.11 A number of schools also benefited from the use of external organisations such as Loudmouth Theatre Group, Brook Advisory Clinic and the Life Education Mobile Classroom.





Again the support of the HES was thought to be invaluable.

The enthusiasm of the staff helped to ensure that the programme was delivered in an interesting way.

Case Study Three: Special School

This teacher explained that a framework of sex education was taught throughout the pupils' time at the school. It began with an introduction to relationships. The school had to tailor the teaching to the pupils' disability and level of understanding. Much repetition was needed and the pupils had to learn about personal space as well as public and private situations and greeting people appropriately. Sign language was used and the signer had a pack of signs and symbols for body parts that they had obtained from a Child Protection course. Obvious visual aids had to be used and her school had found that the "Loud Mouth" Theatre Company was very good and very useful in teaching the subject. Practical and basic teaching was needed for this school's pupils. The schools had to pace the teaching according to the pupils' ability and she felt that the subject was very important for them in later life.

In terms of assessing pupil understanding, the school used a plan to assess the pupils' understanding and would not go onto the next stage unless they were certain that the pupil was ready, which could take a long time. Pupils were taught mainly as a group, with some extra individual tuition.

Key Learning Points for the Review Group Were:

To have a flexible and adaptable approach to delivering SRE which is focused on the needs of the individuals who are being taught.

The use of external agencies complements the work of in house teachers.

4.9 Faith Schools

4.9.1 Faith schools make up 30% of all education settings and therefore there was a real need to engage with them so that the Review Group could understand how they approached the delivery of SRE.

4.9.2 The Review Group heard evidence from The Association of Muslim Schools, The Church Of England Diocese, The Roman Catholic Arch Diocese and Standing Advisory Council Religious Education (SACRE). All of the above raised some interesting challenges for the delivery of SRE in schools. All stressed the need to be able to deliver the subje02 367(ols, Th)- 401.18 0..02bd446.



Roman Catholic Church

- 4.9.13 The following key points were made either as an element of the Church's presentation or as a result of questions arising there from:
- 4.9.14 The Church's Sex and Relationship Education curriculum - "All That I Am" - developed in Birmingham was now used successfully in most Catholic schools in both the UK and Australia.
- 4.9.15 In terms of evidence on the curriculum's impact, Members were informed that it was felt that pupil self-esteem had increased since its introduction and the number of teenage pregnancies had decreased.
- 4.9.16 One of the biggest impacts of the curriculum was that schools no longer used photocopied pages for teaching. It could also be delivered via DVD and schools' intranet facilities.
- 4.9.17 The Catholic Church's approach to contraception was covered within KS4 - Unit 2. It was attempted to be as comprehensive as possible and to take account of feedback from both parents and young people.

Standing Advisory Conference on Religious Education (SACRE)

- 4.9.18 It is the statutory responsibility of SACRE to oversee the development of the Religious Education Syllabus that is taught within community schools maintained by the City Council. The syllabus was presented to the full committee in July 2008.
- 4.9.19 Members were informed that throughout the Religious Education Syllabus, the importance of relationships and feelings was a consistent theme along with other important aspects such as living with integrity, being open, honest and truthful. These values are the same ones that SACRE would like to see mirrored in SRE within the city.
- 4.9.20 The Review Group were also shown a video about the importance of marriage and family values.

4.10 Role of External Agencies in Supporting SRE

- 4.10.1 The Review Group received a series of presentations on the range of services and support provided by external agencies on sexual health matters.

Genito-Urinary Medicine Services Heartlands Hospital

- 4.10.2 We received a presentation from a consultant from the GUM clinic.

- 4.10.3 The core services offered at the centre include:

- STI testing;
- Emergency contraception;
- Management of other sexually related problems;
- Contraception;

- Signposting for pregnancy counselling.

4.10.4 They also offer training for school nurses providing outreach at the Birmingham universities and at Hawthorne House (based in Heartlands Hospital) they also hold a young persons clinic which is provided as a "Walk in service" one afternoon a week.

4.10.5 It was also pointed out to Members that studies had shown that young people who received sex education from an early age were more likely to defer becoming involved in sexual activity. It was suggested that the title "Sex and Relationships Education" was often misinterpreted and covered various types of relationships as well as topics such as the development of emotional literacy.

PCT Sexual Health Promotion Team

4.10.6

- General counselling;
- STI testing and treatment; and
- Training and education team which can be commissioned to work in various settings.

4.10.13 The Review Group were told that the Brook see 26,000 young people (under 20's) each year.

4.10.14 It provides a programme of SRE for schools which is tailor made to the needs of individual schools. They felt that they provided a "holistic" approach to the delivery of SRE that involves training teachers, providing age appropriate SRE lessons for pupils and working with parents in how to relate to their children and talk about sexual health matters.

4.10.15 They work in partnership with the school teaching staff to deliver their programmes. The subjects

4.11.6 The programmes are based on a clear set of learning objectives relating to sexual health and parenthood.

4.11.7 They also run the “Hear 4 you” clinics in 8 areas across the PCT area. These provide access to information, advice, support and guidance which enable young people to make informed decisions about their sexual health.

4.12 Young People’s Survey

Background

4.12.1 The young people on the Review Group were very keen to carry out a piece of consultation work with other youngsters from across the city. They worked on developing a series of questions which looked at finding out the views of young people on a range of issues relating to Sex and Relationship Education including their own experiences of SRE within schools and their main sources of information and support. They took their survey to a number of Youth Projects across the city. It was hoped that by having the young people carry out the research, their peers would be more willing to be open and honest about their experiences.

Findings

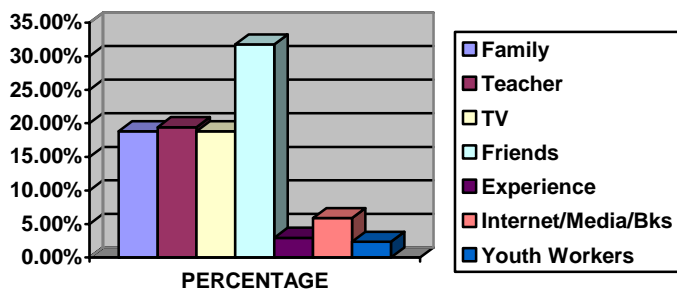
4.12.2 82 young people from across a number of Wards were interviewed by the young people. The areas covered were:

- Harborne, Kingstanding, Erdington, Maypole, Bournville, Selly Oak, Kings Heath and Castle Vale

4.12.3 Ages and gender of the respondents were:

AGE	TOTAL	MALE	FEMALE
18	2	0	2
17	15	2	13
16	23	1	22

4.12.4 Identifying the Sources of knowledge (Who have you learnt most about sex and relationships from?)



- Friends were the main source of information when it came to issues around “Sex and Relationships.”


4.12.5 Learning (What do you think you have learnt about sex and relationships?)

- In terms of identifying what they had learnt about sex and relationships, the majority of young people interviewed said they had learnt about the dangers of unprotected sex and teenage pregnancy. They wanted more information on the relationship aspects of SRE which they felt they didn't always get.

4.12.6 Impact of SRE (How has what you have learnt about sex and relationships affected your attitudes and behaviour?)

-





involved in the delivery and review of SRE policy and curriculum. It is also of interest to local teenage pregnancy and healthy schools coordinators who have a role in helping schools to improve the SRE they are providing. This toolkit has been designed to give young people the opportunity to express their ideas, identify specific issues and present their aspirations for future learning about SRE to their schools.

- 4.13.3 The toolkit provides a framework for evaluating and auditing SRE programmes and it enables young people to play an active a role in outlining what it is that they would like to see included within the programme.
- 4.13.4 The toolkit also formed the basis of the young peoples consultation exercise.

5 What is Effective SRE?

5.1.1 The Review Group wanted to draw together its findings around what makes effective SRE and what it is trying to achieve.

5.2 Characteristics of Effective SRE

5.2.1 Members felt strongly that effective SRE does not lead to the early onset of sexual activity instead it should lead to young people having the knowledge and resilience to maintain effective and loving relationships both now and throughout their lives. Members felt very strongly that Sex and Relationship Education is not just a public health promotion programme.

5.2.2 The Review Group thought that the following characteristics were essential for effective SRE:

1. That there is a balance between the relationships aspect and the biological aspect of the subject;
2. It focuses on supporting resilience and learning for life;
3. It aims to raise self-esteem and confidence;
4. That it provides young people with the knowledge to resist social and peer pressure;
5. That the delivery methods used in schools are appropriate to the group being taught (in terms of age, culture and ethnicity);
6. Parents and young people are involved in its development and evaluation;
7. The delivery of the subject is led by people who believe in the programme, are confident and have received appropriate training to teach the topic areas;
8. Those schools that take advantage of nationally accredited training;
9. That good quality and up to date teaching resources are available;
10. A multi agency and multi faceted approach works best. It may be that a standard approach does not fit all and that a variety of methods may be required;
11. Where SRE is linked to specialist services, it can help delay sexual activity and reduce pregnancy rates;
12. It is supplemented by pastoral and counselling support;
13. It offers positive role models; and
14. That the leadership role of governors in terms of SRE policy development is strengthened and supported.

6 Findings and Recommendations

6.1 Action on Teenage Pregnancy

- 6.1.1 Birmingham has always had a teenage pregnancy rate above the national average. The rate in Birmingham had shown a decline, but statistically over recent years this trend seems to be in reverse and figures for 2006 show a small increase. The Government's target for reducing the rate by 50% by the year 2010 is unlikely to be met both nationally or in Birmingham and this has recently been noted with concern by OFSTED.
- 6.1.2 The approach to date within the city in relation to taking action to reduce teenage pregnancy has been to target resources into the wards with the highest levels. Strong anecdotal evidence we have heard suggests that these local approaches have been very effective in reducing rates within these areas. However not all schools in the target areas have participated and this suggests the approach may not be appropriate in all circumstances. However it would make sense to learn from the practical experience we have gained so far and look to rolling out these local projects on a wider basis.
- 6.1.3 We also learnt that the Primary Care Trusts within the city all commission services relating to teenage pregnancy very differently. The services available to young people within one PCT area are very different to what might be available in another area. There is scope for greater co-ordination of this work as well as ensuring that services can be accessed from all areas of the city. However action aimed at preventing teenage pregnancy is not the only focus of effective SRE. It is also about providing young people with a lifelong learning process to support wider healthy living.

Finding

Reducing teenage pregnancy should be an outcome of effective SRE, and not its sole purpose. There should be a focus on a more holistic approach to delivering the subject.

There are some successful programmes being delivered in parts of the city such as the Youth Services Sexual Health Education programme but a more co-ordinated approach needs to be taken in high risk areas.

6.2 Focus on “Relationships”

- 6.2.1 Whilst relationship issues were included in the current SRE programmes, it was apparent that young people often did not feel that this was given sufficient emphasis.
- 6.2.2 In addition to there being a greater focus on relationships in programmes, there should also be a focus on supporting “resilience building”. This means an ability to make clear personal choices and ultimately to say “no” and resist unwanted pressure. The primary school curriculum that is offered to schools is predominantly about this issue, about ensuring that young people enter their teenage years with a strong sense of personal worth and a reasonable ability to handle relationships during a rapidly changing period of their lives. Training for primary school governors and leaders should ensure this is well understood. This will help to alleviate concerns that are frequently expressed about adopting a coherent curriculum at primary level.

Finding

The consultation work carried out during the review supports the fact that further work needs to be undertaken to develop the “relationship and resilience elements” of SRE Programmes.

With this change of emphasis from the physical to emotional it might be worth considering renaming the programme to recognise this. For example to “Relationships and Sex Education” (RSE).

	Recommendation	Responsibility	Completion Date
R2	That the Cabinet Member gives consideration to renaming Sex and Relationship Education to “Relationships and Sex Education” in order to demonstrate the emphasis on the relationship element of the subject area.	Cabinet Member for Children, Young People and Families.	May 2010

6.3 Syllabus and Cultural Sensitivity

- 6.3.1 In the light of the recent Government review and the possibility of PSHEe (of which Sex and Relationship Education is part of) becoming a statutory part of the National Curriculum, we feel that there is a need for an agreed flexible city-wide framework quantifying the entitlement for SRE within Birmingham in formal and informal settings. Identifying and developing “a minimum entitlement” will go some way towards ensuring there is a similar level of service available across the city, irrespective of the Government’s requirements. Currently there is a lack of consistency in the way SRE is delivered within the city. This needs to be addressed and action on establishing the framework would achieve this.
- 6.3.2 Throughout the evidence sessions Members recognised that in a multicultural and multi faith city like Birmingham the delivery of SRE has to take into account children and young people’s religious

6.4 Role of the Health Education Service (HES)

- 6.4.1 The HES offers training and consultancy to all schools in Birmingham on Sex and Relationship Education. For example, it runs the healthy schools programme for the city as well as the PSHEe CPD (Continuing Professional development) programme.
- 6.4.2 It also offers a full range of courses around SRE policy and practice in both primary and secondary phases as well as covering a whole spectrum of areas ranging from drug education, to emotional health and wellbeing. It produces helpful publications and booklets.
- 6.4.3 Individual schools generally have to pay for HES staff time and training, the only exception is when the unit are delivering on a particular project that has been grant funded. Where used, this review found that schools greatly benefited from the expertise provided by the HES but because they have to pay, take up of the service is somewhat inconsistent. It is our belief that schools should be encouraged to use this service more fully.
- 6.4.4 As mentioned already, if SRE becomes a statutory part of the national curriculum, it is important that the groundwork is in place to ensure that the city is prepared for this change. The HES is in the best position to help schools meet these proposed changes.

Finding

Schools should be actively encouraged to take up usage of the Health Education Service and its publications, training and resources and other practical support to assist them in developing and implementing their Sex and Relationship Education Programmes.

	Recommendation	Responsibility	Completion Date
R5	That the Cabinet Member consults with the Children Young People & Families Executive Board regarding additional funding for the Health Education Service activities to support SRE and consults with Be Birmingham to ensure continuity with the Local Area Assessment (LAA).	Cabinet Member for Children, Young People and Families.	November 2009
R6	That Cabinet Member establishes the cost of expanding the HES service and considers what elements could be made available free to schools as part of a strategy to develop Relationship and Sex Education.	Cabinet Member for Children, Young People and Families.	May 2010



6.5 Content

Myths and Taboos

6.5.1

6.6 Delivery

- 6.6.1 We heard of a range of interesting and innovative approaches to the delivery of SRE in schools. This needs to be widely shared across the city as we recognise that different approaches will be required given differing local needs.
- 6.6.2 Results from our governor survey suggested that in a majority of the cases SRE is delivered by teachers within the schools, with only some schools using external agencies like the Brook and school nurses. It was not always clear if teachers were best placed to deliver it. Some teachers felt embarrassed to teach it, others felt that they needed more training. In addition some pupils also felt embarrassed to receive lessons on this subject from a form/subject teacher.
- 6.6.3 The Review Group believe that the use of external organisations to support the work of teachers can be beneficial. Some examples include youth services, school nurses and theatre groups.
- 6.6.4 From the young people's survey, it was clearly identified that the young people wanted someone they could trust to talk to about relationship and sexual health issues. They wanted someone who had experience, who understood what it was like to be a teenager and was non judgemental. It was also important, according to the survey, that the person should have a clear grasp of the subject area in order to present facts and was not embarrassed easily.
- 6.6.5 A number of schools responding to the governor survey suggested that delivering some aspects of the lessons in single sex groups also worked particularly well.
- 6.6.6 The teenage mothers group felt that mixed gender classes at school were not appropriate and they were too embarrassed to actively take part. They wanted to use an 'anonymous service'. They would prefer outside agencies to deliver SRE, health talks, drop in sessions or contraceptive services rather than teachers or school nurses.
- 6.6.7 It would seem that there are a range of views about who is best placed to deliver both SRE and support to young people. It may be that one standard approach does not fit all and that a variety of methods may be required. In the end what matters most is that SRE programmes are delivered in the most appropriate way and targeted at the young people in the way that they will respond to best.
- 6.6.8 The involvement of external organisations and agencies like the Youth Service with expertise in the field should also be considered as a means of complementing the work being carried out by members of staff. Some pupils may need greater support outside of lessons and schools need to be able to signpost these youngsters to the most appropriate service.

Finding

More thought needs to be given within schools as to who should deliver SRE and how they can be best supported within this role.

Training

- 6.6.9 The National Teachers Survey on SRE highlighted that teachers felt that high quality training was considered the most important tool to improve SRE delivery and half of the total respondents wanted practical support in delivering SRE and not just documents that sat on a shelf.
- 6.6.10 Evidence from reports and professionals presenting to the Review Group, also suggested that high quality training was key to effective SRE. There were examples of good practice and support for workers by a number of agencies across the city – Health Education Service offers training and consultancy to all schools; Birmingham Youth Service Training and Curriculum Team offer similar support to youth workers. However, take up of these services is not always as high as it could be.
- 6.6.11 PSHEe courses for teachers, in general, experience poor take up even when fully funded. One example of where low take up of Continuing Professional Development (CPD) is the centrally funded Teachers PSHEe certificate. All schools in Birmingham have been offered opportunities for CPD to ensure the effective delivery of PSHEe with a focus on SRE. However in Birmingham only 22% of schools have a teacher who has undertaken the certification even though this is a fully funded programme.
- 6.6.12 At the very start of this review Members were informed that this certification was only available to teachers, but we were very pleased to hear that this is no longer the case. This is now offered to all professionals who deliver SRE.
- 6.6.13 The Members heard that a school with an adequate level of SRE provision can quickly lose it due to the transient nature of the teaching profession, and a school could lose a person who has a high degree of specialist knowledge. If schools developed specialist teams in line with QCA/ OFSTED recommendations this would help to share the knowledge and allow a sustainable programme to continue.
- 6.6.14 We heard from the HES that in a city the size of Birmingham considerable funding (due to costs of schools having to pay for a supply teacher to cover the member of staff who is on training) needs to be in place to ensure every school has access to SRE training and support be they teachers, tutors or senior leadership teams. Funding would also allow schools to be informed of current good practice and made aware of what a good programme should look like.
- 6.6.15 One major draw back is that PSHEe remains a non-statutory subject and as such schools are free to implement a programme of their own choice and making.
- 6.6.16 More pressure needs to be directed at schools to attend training on the SRE programme.

Finding

School governors can take the initiative and ensure that their schools have at least one PSHEe certified member of staff.

The development of specialist teams within schools would lead to the embedding of experience and sharing of knowledge within schools.

	Recommendation	Responsibility	Completion Date
R8	That the Cabinet Member encourages all schools to have a qualified PSHEe certificated member of staff and also reviews the take-up and financial cost of training by other professionals including Youth Workers, School Nurses and Children's Social Workers on an annual basis.	Cabinet Member for Children, Young People and Families.	May 2010


Teaching Materials

- 6.6.17 The Review Group were very impressed with the materials produced by the HES, particularly the booklets for the primary sector. The take up of these materials and resources should be promoted across the city.
- 6.6.18 According to the data collected within the governor survey, we were told that schools wanted access to up-to-date and age appropriate materials to help deliver the subject.
- 6.6.19 Evidence from the Roman Catholic Diocese suggests that one of the biggest impacts of their "All that I am" curriculum was that schools no longer had to use photocopied pages for teaching and that it could be delivered via DVD's and the school intranet.
- 6.6.20 The Health Education Service has published and distributed to both primary and secondary subscribing schools a series of teaching resources and guidance documents to support the delivery of PSHEe and SRE. However this does not cover all Birmingham schools.

Parental Involvement

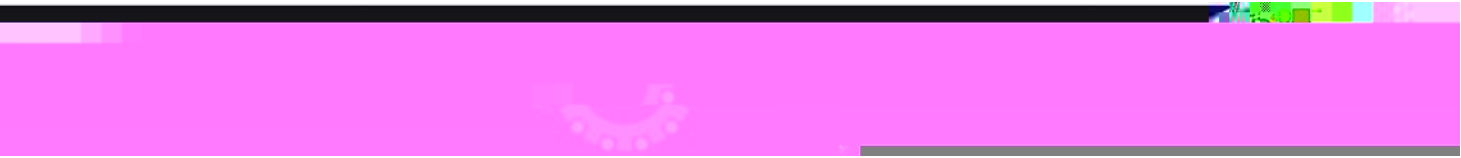
- 6.6.21 During the course of the review, it became clear that both teachers and governors supported the idea of increased parental consultation. Schools which consulted and informed parents of the content and delivery of lessons in a meaningful way found that parents were less likely to withdraw children from the lessons and parents were also generally appreciative of the work that





in dealing with the whole range of relationships they will encounter and the issues that arise from them.

6.7.3 Some of the young people taking part in the young people consultation also identified getting





	Recommendation	Responsibility	Completion Date
R10	That the Cabinet Member makes available relevant statistics to schools.	Cabinet Member for Children, Young People and Families.	May 2010

Finding

Governors should strengthen their strategic role in developing and monitoring the school SRE policy.

Support must be given to school governors to develop their knowledge, expertise and confidence to enable them to play a key role in championing effective Sex and Relationship Education within their schools. This could take the form of better co-ordination between the clusters.

	Recommendation	Responsibility	Completion Date
R12	That the Cabinet Member takes action to enhance the training for governors in respect of the provision of Sex and Relationship Education, taking into account options considered in this report, and that consideration is also be given to the provision of training on a 'cluster' wide basis, ensuring that the expertise of the Health Education Service is put to use.	Cabinet Member for Children, Young People and Families.	May 2010
R13	That the Cabinet Member provides an annual update to the Children and Education Overview and Scrutiny Committee setting out the take up of training by governors, teachers and other professionals.	Cabinet Member for Children, Young People and Families.	May 2010

6.12 Disseminating our Findings

6.12.1 Throughout our work we were aware that the different responsibilities of governors, school leaders, the health authorities and the City Council can lead to responsibility being passed from pillar to post. We hope our findings and the action that is taken will encourage governors to take ownership of the issue. We believe we have been ab

		and Scrutiny Committee.	
R15	That the Cabinet Member makes the “youth proofed” version of the report available to School Governing Bodies, Governor training sessions, The Youth Service, Birmingham Children and Young People’s Parliament, Birmingham UK Youth Parliament and relevant external agencies.	Cabinet Member for Children, Young People and Families.	May 2010

6.13 Tracking

R16	Progress towards achievement of these recommendations should be reported to the Children and Education O&S Committee in November 2009. The Committee will schedule subsequent progress reports thereafter, until all recommendations are implemented.	Cabinet Member for Children, Young People and Families.	November 2009
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7 Appendices



7.1 Appendix 1 - Summary of Reviews Carried out by Other Local Authorities

Introduction

7.1.1 This paper provides Members with a summary of scrutiny reviews carried out by other Local Authorities.

7.1.2 The Local Authorities included within Table 1 are:

-

- 7.1.7 Both Salford and Nottingham recommended that all people working with young people should be aware of the sexual health services available within their city and how to access them.

Role of Governors

- 7.1.8 The role of governors was a recurring theme. 7 out of 10 authorities recognise the need to provide better training for governors. Nottingham mention governing bodies having an “SRE champion”, Tameside made a recommendation for all schools to have a “link governor” whose role it would be to champion SRE within the school and to ensure governor input into the delivery of the topic area.
- 7.1.9 Hartlepool recommended the chair of children’s scrutiny panel meet with school governors to present the findings of their report to encourage “buy in” for the provision of SRE.

Role of Pupils/Young People

- 7.1.10 A number of reviews mention the involvement of pupils in the development and evaluation of SRE.
- 7.1.11 Hackney recommends developing peer groups within schools to enable pupils who want to remain sexually inactive to support each other.
- 7.1.12 Nottingham also propose that if any new SRE schemes are proposed, local youth organisations are engaged at an early stage to ensure that the schemes are fit for purpose.

Role of Parents:

- 7.1.13 Parental involvement was also recognised as being crucial to the effective delivery of SRE. Recommendations relating to the use of parental questionnaires, partnership working with parents in the development and evaluation of SRE programmes were also mentioned.
- 7.1.14 Salford mentions training and supporting parents to speak to their children about sex and relationship via programmes like “Speakeasy”.

Statutory SRE

- 7.1.15 There was some debate amongst the different reviews on whether the topic area should be made compulsory or not. Kent felt quite strongly that the county council should press central government to make it compulsory. Salford felt the same. Tameside recognised that schools should be encouraged to make adequate provision for SRE in the curriculum and seek the support available to them. Waltham Forest also strongly recommended the need for comprehensive SRE.

Content and Delivery

- 7.1.16 Both Hackney and Tameside recommend delivering SRE within a combination of mixed sex and single sex classes. Hartlepool went as far as recommending that consideration be given to renaming “Sex and Relationship” education in order to create a greater emphasis on the relationship aspect. Kent also recommends greater emphasis on the relationship element as



Governor Training

7.2.6 Very few governors had received any specific training on SRE. In fact 64% had received no training at all.

	Number of Governors	%
0	54	64
1	16	19
2	3	4
4	3	4
6	2	2
All	5	6
Only Staff Governors Total	1	1

supplementary question, hence the difference in numbers. (47 out of the 55 specifically mentioned the training.) 55% of the respondents received training from the Health Education Unit.

7.2.11

2 members of staff trained on model policies	1
Catholic education service	1
CPD programme	1
Diocesan training scheme	2
Governors organised briefings for staff and governors	1
Health Education Unit	26
In-house training	1
INSET programme	1
Inset training and PSHEe certification	2
Makaton course	1
Member of PSHEe co-ordinators group	1
One day conference on SRE	1
RE Dept provided training on programme used	1
Sexual health agencies	1
South Network Meeting	1
Special team	1
SRE is delivered through subject lessons as well as through the seal programme	1
Staff inset with LA coordinator	1
School nurse	2
Total answered	47
Skipped question	48
Total	95

External Agencies

7.2.12 Question 11 on the survey asked about the use of external agencies in delivering SRE within Schools. 27 schools responded to this question and the agencies identified included Loudmouth Theatre Group (8 schools) and SPACE (3 schools *SPACE is a registered charity which started as a pregnancy drop in centre then saw and answered a need and adopted a sex education policy for the whole Luton area).


Open Ended Questions

7.2.13 Key messages from the open have been included below

Details on Parental/Student Consultation

“Parents of Year 5 pupils are invited to a meeting to hear how SRE will be taught, view the materials available and ask questions.”

(Primary, Billesley)



Meeting held separately with fathers and mothers to consult on content and age.
(Faith Primary, Sparkbrook)


We established a working party of parents, teachers, SRE advisor, children, dinner supervisors and cleaners.
(Primary, Billesley)

7.2.14 Some schools also carried out specific consultation exercises with the students themselves to have them identify the types of topics they would like to see covered during lessons.

Every year group is consulted on the quality of materials and content of lessons. Parents were consulted on the format. In addition 4 parent workshops were.
(Primary, Sheldon)

We were involved in a SRE project which involved consultation with 70 children and 40 parents.
(Primary, Tyburn)

7.2.15



(Faith primary, Nechells)

Our 'family life' policy is delivered within the guidelines for catholic education.

(Faith primary Sutton Vesey)

The school uses the "all that I am" programme aimed at Years 5 and 6.

(Faith primary, Aston)

7.2.18 A number of the schools mentioned the use of drama and role play as a positive way of exploring SRE. "Loudmouth" theatre group in particular was mentioned on a number of occasions and schools felt it was a good way of exploring issues around relationships and growing up. A number of the schools mentioned the use of drama and role play as a positive way of exploring SRE.

Loudmouth Theatre Group delivered a very effective series of courses on STIs to year 9 students.



Specific Issues

7.2.26 39 schools responded to this question.

7.2.27 One particular school felt that they had no specific issues when it came to teaching SRE because they had consulted widely with parents and kept them informed of what is being taught in school.

7.2.28 Other issues raised include:

Staffing

7.2.29 A number of schools commented on the issue of staffing. A majority of the respondents felt that staff needed more training to build their confidence in delivering SRE.

Lack of staff confidence, more training for tutors.
(Secondary, Bourneville)

Teacher Confidence.
(Secondary Perry Barr)

More training of staff would be useful.
(Secondary Soho)

7.2.30 Other schools felt that more training was need to enable staff to have the confidence to deliver good SRE to pupils.

Cultural Sensitivity

7.2.31 Some of the schools felt that cultural sensitivity was an important issue within their respective schools and that the needs of the children must be taken into account when delivering lessons. Can be done in a sensitive manner, including having separate meetings with mothers and fathers to share with them the content of lessons and the materials used. Dividing the class up into single sex groups with same sex teachers meetings with schools responding to the survey have mentioned many good examples of this.

Sometimes there are cultural/religious barriers but these are usually overcome/resolved with consultation.
(Primary Aston)

SRE must meet the needs of the community and the needs of children growing up in primary school.
(Primary Hodge Hill)



- Role of the Health Education Unit

For the HEU to continue their supportive work and to encourage every school to have a teacher who has undertaken the certification in PSHEe.

(Tyburn Primary)

SRE support through the Health Education Unit should not have to be bought in by schools – it should be part of the free mandatory provision.

(Primary Lozells)

For the HEU to continue their supportive work and to encourage every school to have a teacher who has undertaken the certification in PSHEe.

(Primary Tyburn)

The Local Authority has been very helpful, (HEU). We would welcome yearly meetings to ensure we are doing the right things

(Secondary Moseley)

Using the HEU service to become involved in improving SRE within schools.

(Primary, Acocks Green)

- Using external agencies to deliver SRE

Use of external agencies facilitate a clear delivery of the subject area.

(Secondary, Harborne)

More involvement with external agencies.

(Secondary Soho)

Make a list of experts available.

(Secondary Handsworth)

- Better training for teachers

Specific training for Year 5 and 6 teachers.

(Primary Hodge hill)

Training for governors and staff.
(Primary Longbridge)

- Training for governors

More training for Heads and Governors.
(Primary Lozells)

More courses.
(Primary Stockland Green)

- Targeted information for schools relating to Sexually Transmitted Infection's (STIs) and Teenage Pregnancy rates within their wards.

Specific information relating to our Ward re: teenage pregnancies and future planning.
(Primary, Sheldon)

To provide info to schools re: SRE (Bir

7.3 Appendix 3 - Birmingham UK Youth Parliament

SEX AND RELATIONSHIPS REVIEW

1. Are you Male Female Age

2. Who have you learnt most about sex and relationships from?
(You can tick more than one box)

Youth
worker

**BIRMINGHAM UK YOUTH PARLIAMENT
SEX AND RELATIONSHIPS REVIEW**

IDEAS LIST (please tick)

	Abortion and pregnancy choices		Effects of alcohol on sexual behaviours	Assertiveness skills
	Being a parent		Contraception	Different types of relationships
	Drugs and sex		Emotions and dealing with them	Friendships
	Human reproduction		Laws about sex	Managing risk
	Marriage/ stable relationships		Pleasure	Puberty
	Delaying sex		Safer sex	Same sex relationships
	Sexuality		Strategies for making choices	STIs
	Where to go for confidential help		Peer pressure	Responsibility for self and others



	Please add anything else you think				
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4.

Acknowledgements

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