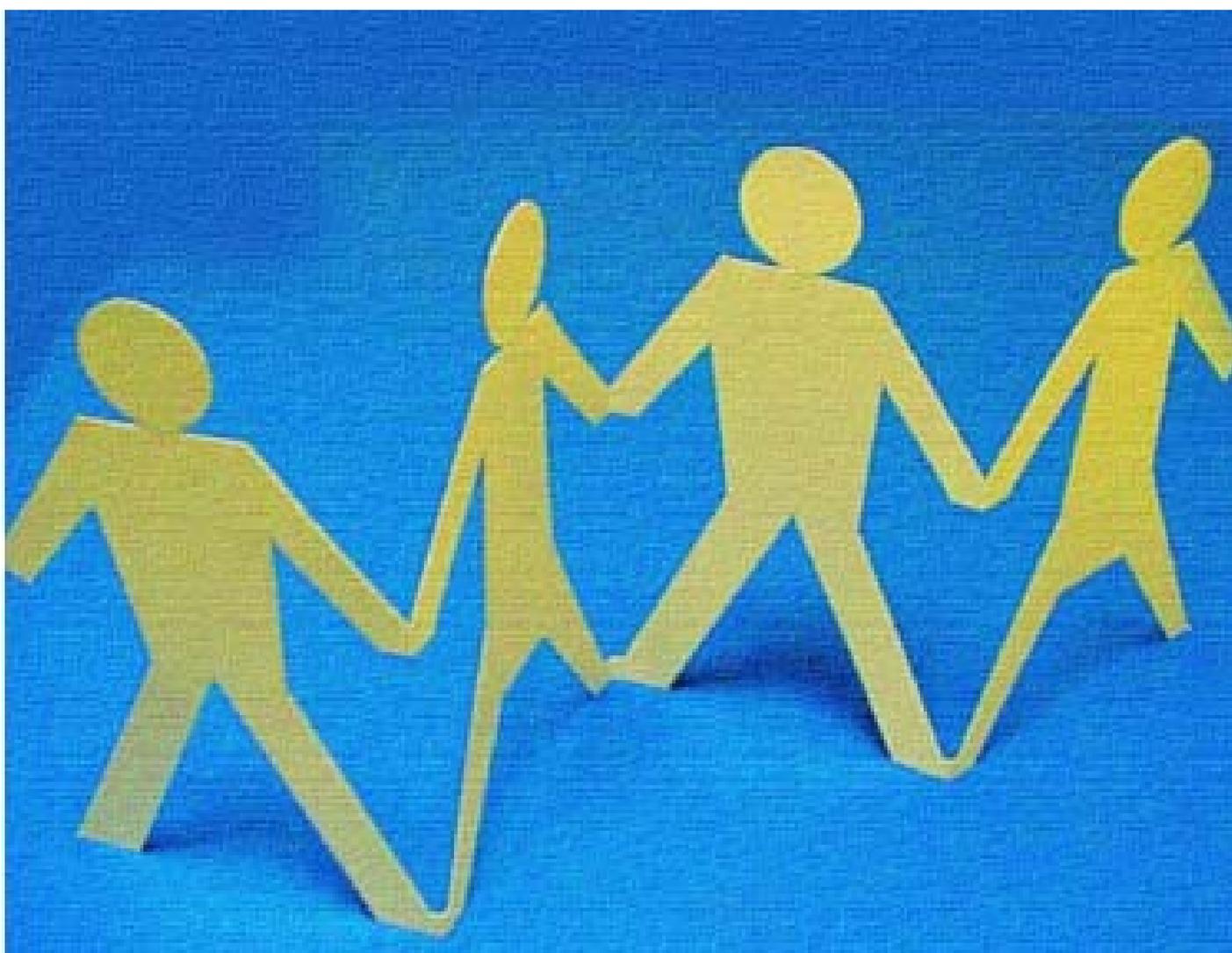




Education on Relationships and Sexual Health



A report from Overview & Scrutiny





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Reports that have been submitted to Council can be downloaded from www.birmingham.gov.uk/scrutiny.



Glossary

BCYPP	Birmingham Children and Young People's Parliament
BUKYP	Birmingham UK Youth Parliament
CPD	Continuing Professional Development
CYPF Executive Board	Children, Young People and Families Executive Board
DCSF	Department for Children, Schools and Family
GSU	Governor Support Unit
HES	Health Education Service
LAA	Local Area Agreement
LAC	Looked After Children
MCD	Metropolitan County District
PSA	Public Service Agreement
PSHEe	Personal, Social, Health, Economic Education
QCA	Qualifications and Curriculum Authority
SACRE	Standing Advisory Council Religious Education
SEF	Sex Education Forum
SRE	Sex and Relationship Education
STIs	Sexually Transmitted Infections
TP	Teenage Pregnancy
UKYP	UK Youth Parliament



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 Education Service officers and youth service staff who worked with us closely on this.

The review has been very much a joint project between the UKYP and scrutiny members. That has been very important because the scrutiny has been able to take on board the varying concerns about this issue that may be felt by young people and by parents, governors and school staff.

To sum up the findings, the barriers to good education on relationships and sexual health do not only lie in institutions. They lie in reticence, embarrassment, confusion and misconceptions. Whether you are Christian, Muslim, atheist, agnostic Sikh or of another belief, it is possible to deliver and receive good education and support in these areas during your youth.

In the future, the city can work with our young people and our school leaders and governors to overcome the obstacles we have identified.

For relationships and sex education has several objectives which may not always seem compatible:

- safeguarding young people during their vulnerable childhood and teenage years;
- supporting them to grow in maturity to take part in responsible and loving relationships;
- preparing them to undertake responsibilities as adults and parents themselves.

Within these objectives there are further conflicts. Public health may concentrate on direct interventions to prevent immediate harm and unwanted pregnancy. However young people themselves cite their need for emotional support and information that helps them make sensible choices, while parents, for their part, may wish that they are guided away from premature sexual activity.

We believe these conflicts are not irreconcilable and that our recommendations and findings go a long way towards squaring this particular circle.

The outcome should be a city with increased confidence in tackling these difficult issues and improvements in the well-being of young people and families.



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 chance to put it forward as a issue to a board of people who I knew had the power to change the way it was taught I jumped to it. I showed them a report completed by the UK Youth Parliament, which explained that young people simply were not getting a good standard of SRE. Now two years on, the review is over and the report is in your hands. Please understand the amount of time and effort which has gone into the report.

The Children and Education Overview and Scrutiny Committee decided to take forward this issue and asked Members of UKYP to be involved. The UKYP members on the Review Group decided to create their own Birmingham survey which came back showing that young people were not happy with the standard of SRE. I and the other Review Group members have found out a lot more about the issue and have been able to ask questions to professionals and the people in charge of certain departments. By involving young people within this review shows there is a lot more opportunity for young people to be heard and give their input on important issues. The role of the young people was as equal as the other members who sat on the Review Group.

As soon as the review started I could feel the barrier between young people, Councillors and City Council officers being broken so I think this shows that any young person can do what I and other members of the Youth Parliament have done during these past two years. You just have to set your mind to it and believe it can be done.

For me it doesn't seem like two years as I haven't been counting the days although within these two years I have grown as a young person and picked up new skills. This review has made me a stronger and wiser person of which I am very thankful.

To summarise, the purpose of this review was to bring effectiveness of the issue of SRE and for the young people of this city to learn a wide range about the relationships and sexualities of others and more, as SRE is such a big subject. So if this issue changes for the best, then I know that the past two years was worth it.

I would like to say a big thank you to the Youth Parliament Members and Review Members who gave their time during the two years. You've been amazing! I would also like to thank the Scrutiny Office. Also I would like to thank Councillor Jon Hunt for showing me the ropes during the review and Phil Hoppner from the Youth service who also supported us during the review. Lastly I would like to thank my mother who supports me everyday and helped me a lot during this review.

Thank you again to everyone!

Tyrone Fowles



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 believe that the importance of making the correct lifestyle choices can be influenced by the provision of effective SRE within our schools. Members felt strongly that children should have help and support to make the right lifestyle choices. They also felt that good SRE is not just about reducing the level of teenage pregnancy rates within the city; it is also about equipping children with the skills and knowledge to make positive lifestyle changes and decisions for their future well being.
- 1.1.4 The Review Group carried out extensive evidence gathering exercises including speaking to a number of professionals from within the local authority, schools and the health service. In addition to this, the young people carried out their own consultation exercise to get a clearer idea of what other young people thought about SRE. They developed and conducted their own survey and their findings were presented to other Members of the Review Group. Further details on this can be found in Chapter 4 of this report.
- 1.1.5 The Review Group was particularly impressed with the powerful evidence received from a group of young mothers. The young women raised a number of interesting points about the SRE that they had received at school. They felt that in some cases mixed gender classes at school were not appropriate and they were often too embarrassed to actively take part in the lessons. They would have preferred to have separate lessons from the boys. They also felt that SRE lessons should not be delivered by a teacher (who could report back to the staff room) but by somebody who was 'anonymous'. They also raised issues about the need for support in facing up to negative peer pressure and they felt that there was very little information or debate about the reality of relationships and parenthood.



- 1.1.6 According to the DCSF Sex and Relationship Guidance (2000), Sex and Relationship Education is defined as:
- Lifelong learning about physical, moral and emotional development. It is about the understanding of the importance of marriage for family life, stable and loving relationships, respect, love and care. It is also about the teaching of sex, sexuality, and sexual health. It is not about the promotion of sexual orientation or sexual activity – this would be inappropriate teaching.
- 1.1.7 Whilst relationship issues are included in the current SRE programmes, it was apparent that young people often did not feel that this was given sufficient emphasis. The Review Group felt that 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. 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).
- 1.1.8 In the light of the recent Government review and the possibility of Personal Social, Health Economic education [PSHEe] (of which Sex and Relationship Education is a part) becoming a statutory part of the National Curriculum, the Review Group felt 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 Governments’ 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.
- 1.1.9 The Review Group felt that schools should be actively encouraged to take up usage of the Health Education Service (HES) and its publications, training and resources and other practical support to assist them in developing and implementing their Sex and Relationship Education Programmes.
- 1.1.10 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 and cultural values and it may not be a case of one approach being appropriate for all, but as stated above, flexibility within the syllabus should allow this to take place.
- 1.1.11 Parents have the right to withdraw their child from their school's SRE programme, except where the lessons form a part of the National Curriculum (i.e. the science/biology element). This means that if children are withdrawn, they are in effect missing out on discussions around the elements focussing on positive relationships, marriage and self-esteem, rather than the element associated with biology which may in fact be the area of the topic that the parents actually wish to avoid.



- 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 do with the subject had been quite detrimental. Parents were under the impression that their children were going to be taught inappropriate subject matter. Encouraging schools to work with parents and the local community would go some way towards alleviating these fears. It was felt that misunderstandings around the content of SRE must be challenged.
- 1.1.13 A theme running throughout the sessions of the Review Group was the contribution of young people to the development of effective SRE programmes. The young people on the Review Group felt that it was important that “they” should have an input into the delivery of SRE lessons.
- 1.1.14 There is a need to support the development of effective evaluation practices within schools to ensure that these programmes are meeting the needs of all students especially in terms of assessing the benefits of SRE to young people.
- 1.1.15 As school governors are currently responsible for the development of the 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.
- 1.1.16 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. 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. 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 staff in schools. Some pupils may need greater support outside of lessons and schools need to be able to signpost these youngsters to the most appropriate service.
- 1.1.17 Schools should work in partnership with external agencies to ensure young people have access to advice and support outside the classroom as well as the chance to benefit from the skills and knowledge of other organisations. External agencies can add a further dimension to school based SRE delivery because they do not have an ongoing relationship with the young people therefore making it easier for the young people to relate to them in an open and honest way.
- 1.1.18 Members acknowledge that there are many examples of good work within the city, undertaken by numerous organisations, but what is obvious is that there could be better joined up working between the different agencies, organisations and partnerships, e.g. schools to explore ways of working with the Youth Service, children’s social workers and other agencies.
- 1.1.19 The Review Group in conjunction with the young people will be producing a “Youth proofed” version of this report which will be circulated to schools, governing bodies and other external agencies.



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
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
R3	That the Cabinet Member explores the possibility of creating a framework for SRE delivery that offers a minimum entitlement of content. This should allow flexibility to take account of localised issues.	Cabinet Member for Children, Young People and Families	May 2010
R4	That the Cabinet Member works with SACRE to establish a multi faith sub group, (broadened to include representatives of additional interests such as Faith schools in Birmingham) to be consulted on the SRE framework and to ensure the curriculum and delivery takes account of the needs of diverse communities within the city.	Cabinet Member for Children, Young People and Families	May 2010
R5	That the Cabinet Member consults with the CYP&F Executive Board regarding additional funding for the Health Education Service activities to support SRE and consults with Be Birmingham to ensure continuity with the 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



	Recommendation	Responsibility	Completion Date
R7	That the Cabinet Member further develops the HES guide and other promotional material aimed at parents and governors of primary and secondary school children, which make clear the content and style of delivery of the subject area.	Cabinet Member for Children, Young People and Families	November 2009
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
R9	That the Cabinet Member reports back to the Children and Education Overview and Scrutiny Committee on whether existing forums and committees can develop a partnership working role or whether a new forum for SRE would need to be created.	Cabinet Member for Children, Young People and Families	November 2009
R10	That the Cabinet Member makes available relevant statistics to schools.	Cabinet Member for Children, Young People and Families	May 2010
R11	That the Cabinet Member works with the Birmingham UK Youth Parliament and the Birmingham Children and Young Peoples' Parliament to implement the work of this review and report back to Scrutiny.	Cabinet Member for Children, Young People and Families	May 2010
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



	Recommendation	Responsibility	Completion Date
R14	That Scrutiny work with the Birmingham UK Youth Parliament to produce a "youth proofed" version of this report.	Chairman Children and Education Overview and Scrutiny Committee	September 2009
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 Peoples Parliament, Birmingham UK Youth Parliament and relevant external agencies.	Cabinet Member for Children, Young People and Families	May 2010
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



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 Children and Education Overview & Scrutiny Committee. They had concerns about the quality of the Sex and Relationship Education (SRE) they were receiving in school. In addition, the Committee was aware that the issue of preventing teenage pregnancy was an area for priority action by the City Council and its Partners as indicated by the Children's Plan and the Local Area Agreement.
- 1.1.2 This review was jointly led by the Youth Representatives and Members from the Committee. The main objective was to explore the effectiveness of Sex and Relationship Education in schools and non-school based settings. This involved identifying the work carried out by the Local Authority, Schools, the Health Service and voluntary and community organisations who provide sexual health advice and guidance to young people.

1.2 Terms of Reference

- 1.2.1 The aim of the review was to explore the following questions:
- How effective was Sex and Relationship Education/services for young people within Birmingham?
 - How can good practice be built upon and shared with both school and non-school based settings?
- 1.2.2 The intended outcomes identified by the Members were:
- To develop a clearer understanding of the services provided to young people in the area of sex and relationship advice, and their effectiveness;
 - To identify good practice from within Birmingham, nationally and internationally and
 - To identify proposals for increasing the effectiveness and take up of SRE with the aim of improving the emotional, physical and long term well being of young people, reducing teenage pregnancies and Sexually Transmitted Infections (STIs).
- 1.2.3 And the Review Group would do this by:
- Identifying and exploring in detail the current initiatives and actions in place to deliver SRE/services to young people from a wide range of providers;
 - Consulting with young people across Birmingham about their experiences of SRE;
 - Focusing on the preventative work being carried out to promote sexual health (STIs, teenage pregnancies, relationship education);



- 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)
- BROOK Advisory Clinic
- Sexual Health Promotions Team (Heart of Birmingham Primary Care Trust)
- Genito-Urinary Medicine Services at Heartlands Hospital



- 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

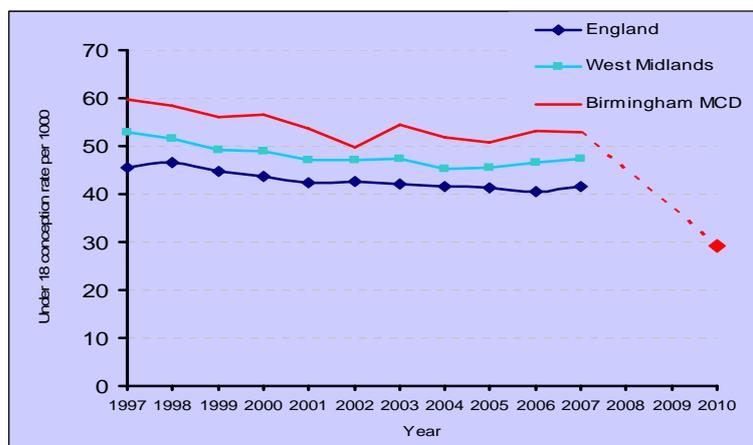
2.1.1 The following section of the report sets out the context for the review and focuses on national and local statistics in relation to teenage conceptions and STIs.

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 conceptions in the younger age group in Birmingham since 2001, at a time when the England rate is declining.

Under 16 Conceptions	2001–2003		2002–2004		2003–2005	
	Number	Rates	Number	Rates	Number	Rates
England	22,360	7.9	22,132	7.8	22,201	7.7
Birmingham MCD	547	8.5	562	8.7	578	9.0

2.2.3 The rates of pregnancy are particularly high amongst looked after children (22%) and care leavers in Birmingham (46%). (Source 16+ care leavers needs analysis, CYPF directorate 2006)

2.2.4 In recognition of the fact that this is a national issue, the Government has set a range of targets aimed at tackling teenage pregnancy for example, each Local Authority has a PSA target (Public Service Agreement) set to reduce under-18 conceptions by 50% by the year 2010. For Birmingham the baseline was 58.3 per 1000 15-17 year olds. (See Table One para 2.2.1)

2.2.5 The Review Group was told that it was very unlikely that Birmingham would hit the 2010 PSA target in respect of reducing teenage pregnancy rates.

2.2.6 The following wards in Birmingham have been identified as having high or very high under 18 conception rates. These wards also do not have any local advice services in young people's settings such as youth services or community centres.

- Acocks Green, Billesley, Bartley Green, Ladywood, Longbridge, Stockland Green, Sheldon Washwood Heath, Weoley. (source: Sex and the City report NHS)

2.2.7 In its 2002 report, Ofsted identified three factors which stand out in explanations for high teenage pregnancy rates:

- Low expectations of pupils and parents
- Lack of knowledge of SRE
- The power of the media messages around SRE issues

Why Teenage Pregnancy Matters?

2.2.8 Teenage mothers are less likely to finish their education, and more likely to bring up their child alone and in poverty. The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers. Teenage mothers are more likely to smoke during pregnancy and are less likely to breastfeed. Both issues have negative health consequences for the child.



- 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 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.
- 3.1.2 The Department for Children Schools and Families (DCSF) review of the teenage pregnancy strategy (2006) concluded that effective SRE delivery is critical. It found that in areas where a higher proportion of young people said the SRE they received had met their needs, there were lower under-18 conception rates.
- 3.1.3 According to the DCSF Sex and Relationship Guidance (2000), SRE is defined as:
- Lifelong learning about physical, moral and emotional development. It is about the understanding of the importance of marriage for family life, stable and loving relationships, respect, love and care. It is also about the teaching of sex, sexuality, and sexual health. It is not about the promotion of sexual orientation or sexual activity – this would be inappropriate teaching.
- 3.1.4 The Ofsted Inspection report on SRE presents another definition:
- The purpose of SRE is to assist young people to prepare for adult life by supporting them through their physical emotional and moral development and helping them to understand themselves, respect others and form and sustain healthy relationships.
- 3.1.5 In England, the sex education elements (biology) of the Science National Curriculum are compulsory for all pupils at primary and secondary school age (7-16).
- 3.1.6 Other elements of Sex and Relationships Education are taught as part of a Personal, Social and Health Economic education (PSHEe) programme. However, SRE (relationships) is currently not a compulsory part of the National Curriculum but this may be subject to change following the recent government review of this area.
- 3.1.7 Parents have the right to withdraw their child from their school's SRE programme, except where the lessons form a part of the National Curriculum (i.e. the science/biology element). This means that if children are withdrawn, they are in effect missing out on discussions around the elements



focussing on positive relationships, marriage and self-esteem, rather than the element associated with biology which may in fact be the area of the topic that the parents actually wish to avoid.

- 3.1.8 Effective SRE enables young people to build up their confidence and self-esteem and amongst other things understand the reasons for delaying sexual activity. Research shows that sex before 16 is more common amongst young people who did not receive their main source of information about sex from school. As stated previously, a quarter of girls and nearly a third of boys have sex under 16 but the average age for both is 16.

3.2 What is Taught?

- 3.2.1 SRE is provided in schools in both primary and secondary settings.

It has three main elements focussing on:

Attitudes and values

- Learning the importance of values and individual conscience and moral considerations;
- Learning the value of family life, marriage, and stable and loving relationships for the nurture of children;
- Learning the value of respect, love and care;
- Developing critical thinking as part of decision-making.

Personal and social skills

- Learning to manage emotions and relationships confidently and sensitively;
- Developing self-respect and empathy for others;
- Learning to make choices based on an understanding of difference and with an absence of prejudice;
- Developing an appreciation of the consequences of choices made;
- Managing conflict; and
- Learning how to recognise and avoid exploitation and abuse.

Knowledge and understanding

- Learning and understanding physical development at appropriate stages;
- Understanding human sexuality, reproduction, sexual health, emotions and relationships; and
- Learning about contraception and learning the reasons for delaying sexual activity, the benefits to be gained from such delay; and the avoidance of unplanned pregnancy.

- 3.2.2 At primary school level SRE aims to:



- Develop confidence in children to talk, listen and think about feelings and relationships;
- Enable children to name parts of the body;
- Give them the knowledge to protect themselves and ask for help and support; and
- Prepare them for puberty.

3.2.3 At secondary level, it builds upon the above and continues to be based around the three main elements of attitudes and values, personal and social skills, and knowledge and understanding. It aims to be age appropriate, and topics covered may include:

- The importance of marriage and stable relationships
- Building self-esteem
- The importance of safer sex and how to avoid teenage pregnancy
- How to recognise and avoid abuse and exploitation
- The benefits of delaying sexual activity and avoiding risky behaviour. It gives young people a clear understanding of the arguments for delaying sexual activity and resisting pressure.

3.2.4 There are no nationally prescribed programmes or detailed schemes of work for SRE but the Government has provided a broad framework for the teaching of the subject which lists the areas that should be covered. The detail for teaching and delivery is therefore specific to each year group and school.

3.2.5 In terms of teaching the subject, at primary school level this is largely done by the class teacher. At secondary school level it can be done by a number of different teachers, this includes form tutors, PSHEe Co-ordinators (for schools that have them) and science teachers. This may be supplemented by support from external agencies.

3.3 Who is Responsible for Setting SRE Policy?

3.3.1 All schools must provide, and make available for inspection, an up-to-date policy describing the content and organisation of SRE outside of National Curriculum Science. This is the school governors' responsibility.

3.3.2 Primary schools should have a policy statement that describes the SRE provided or gives a statement of the decision not to provide SRE and this must be available to parents. In practice, within Birmingham most schools have a policy. Primary schools are currently under no legal obligation to provide SRE beyond the science curriculum's coverage of the biological basics.

3.3.3 It is the responsibility of school governors to ensure that the policy is developed and made available to parents for inspection.

3.3.4 The statutory responsibilities of a school governing body include

- Overall responsibility for SRE policy development;



- 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 a basis for the future national development of Sex and Relationship Education.

3.4.2 Six key areas were identified which they felt needed to be looked at in order to improve the delivery of SRE within schools:

- Improving the skills and confidence of those who deliver SRE;
- The role of external contributors;
- The need for further guidance and support for schools;
- Involving young people;
- The role of wider programmes and initiatives; and
- Leadership.

3.4.3 The review did not set out what should be taught at each key stage but it did highlight some principles it felt should underpin any future government guidance:

- The need for a stronger focus in SRE on 'relationships' and the skills and values that young people need as they progress through childhood and adolescence, into adulthood. This does not mean that the factual aspects of SRE are always taught well and attention needs to continue to be paid to improving young people's knowledge of topics such as contraception. Rather, it recognises that there needs to be a rebalancing of SRE programmes so that the relationship aspects of SRE receive more attention;
- SRE should be delivered within a clear and explicit values framework of mutual respect, rights and responsibilities, gender equality and acceptance of diversity;
- SRE should be inclusive and meet the needs of all young people, recognising that existing SRE provision does not always take sufficient account of issues such as sexuality; disability; ethnicity and faith;



- 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 whose work involves supporting children and young people's personal development;
- Schools need to do more to inform parents about what SRE they are delivering in each key stage, building a stronger dialogue between school and home so that parents are clear about what is being taught and are reassured that good SRE will give their children the knowledge, skills and confidence to make informed, safe choices;
- Schools should work in partnership with external professionals working in health and wider children's services, both to bring expertise into SRE delivery and to ensure that young people have access to advice and support on sex and relationships outside the classroom, building on the opportunities provided through Extended Schools; and
- SRE should not be taught in isolation and links need to be made with other parts of the Personal, Social and Health Economic education (PSHEe) curriculum, in particular in respect of alcohol education, given the strong links between binge drinking and risky sexual behaviour.

3.4.4 The Government responded very positively to the findings within this report and felt that there were strong arguments for making the whole of PSHEe a statutory subject. It was recognised that making PSHEe statutory raised a number of complex issues which need to be worked through with care and in consultation with a wide range of interested parties. Sir Alasdair Macdonald, Head Teacher at Morpeth Secondary school in Tower Hamlets, has been asked to conduct an independent review of how the decision to give PSHEe statutory status can be translated into a practicable way forward.

3.5 Other Local Authorities

3.5.1 Members were also provided with a summary of scrutiny reviews carried out by other Local Authorities. The areas these reports identified for action included:

- Training of staff
- Availability of information and sign posting of services
- Role of governors
- Role of pupils/young people
- Role of parents
- SRE as a statutory subject
- Content and delivery of the subject in schools
- Monitoring and evaluation



- 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 personal relationships at school.

3.6.4 The report recommends that relationships should be taught within SRE, schools should employ more trained staff to teach the subject and not rely on geography, history, science teachers etc , all young people should be able to access a confidential sexual health service and the information for this should be provided through PSHEe lessons.

3.6.5 A member of the UKYP also co-chaired the government review of SRE mentioned above.

3.7 Results of the Teacher SRE Survey

3.7.1 Members were presented with the finding of a nationwide survey of teachers carried out by the Sex Education Forum. The rationale behind the survey was to establish what would enable teachers to teach good quality SRE in terms of organisation, training and national action.

3.7.2 High quality training was considered the most important tool to improve SRE delivery within schools. Other key highlights from the survey included:

- More training was needed for governors;
- Some teachers felt that parents were a barrier to improved SRE;
- The teaching of relationship aspects was recorded as being taught poorly;
- Biological topics were identified as being taught well at both primary and secondary school level;
- Teachers wanted to see more involvement of young people in the development of SRE.



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 secondary phases as well as covering a whole spectrum of areas ranging from drug education, to emotional health and wellbeing.

3.8.4 They also produce and distribute a number of booklets.

3.8.5 The schools generally have to pay for HES staff time and training, the only exception is when the Unit is delivering on a particular project that has been grant funded.

3.8.6 Below are a number of programmes run by the service.

Healthy School Programme

3.8.7 The Healthy schools Programme is an exciting long-term initiative that promotes the link between good health, behaviour and achievement. It is about creating healthy and happy children and young people, who do better in learning and in life. The National Healthy Schools Programme has four themes. These include Healthy Eating, PSHEe, Physical activity and Emotional Health and Wellbeing. Each theme includes a number of criteria that schools need to fulfil in order to achieve National Healthy School Status. Although each theme covers a different area, they are all delivered using the whole school approach so the basic requirements are the same.

3.8.8 The programme is a mechanism for quality assuring the work of schools. The aim is to structure the identification of areas for development and available support that can be accessed to address them. A team of Health Education Service consultants work with the school through an audit, consultation and action planning process, leading to a decision that all quality standards have been met. National procedures dictate that all schools will self declare, although from September 2007 a quality assurance group will examine all declarations.

3.8.9 As of March 31 2007, 20% of Birmingham schools had achieved national healthy school status. A further 59% were working towards the status with a view to gaining it by March 08. Of these 18% of secondary schools have gained national status with a further 33% working towards this. Those schools, which self declare must have evidence, corroborated by pupil feedback that they are meeting the standards relating to four themes including PSHEe.



National PSHEe CPD Programme with a Focus on SRE

3.8.10 The aim of the National PSHEe CPD Programme is to:

- Improve the competence and confidence of those delivering PSHEe;
- Raise the quality of teaching and learning in PSHEe to improve the knowledge, understanding and skills of children and young people; and
- Effect positive change in PSHEe curriculum planning, leadership, delivery and development within schools and other settings provide accredited recognition for individuals' knowledge, experience and skills related to teaching, learning and practice within PSHEe.

3.8.11 22% of secondary schools in Birmingham have at least one teacher who has passed through the CPD programme to gain the DCFS Certificate. It should be noted that within a large secondary school it would be preferable to have a number of teachers having benefited from the programme if effective PSHEe is to be consistently delivered and good practice is to become firmly embedded. The programme has proved a successful route for many teachers to gaining promotion.

SRE Task Force

3.8.12 Twenty secondary schools are actively engaged in the Secondary SRE Task Force project delivered in partnership between the Health Education Service and Brook. The initial schools that the project was offered to were identified by the Teenage Pregnancy Partnership as ones in high focus areas.

3.8.13 These schools will be developing SRE policy and practice following consultation with young people in order to develop a programme that is relevant to the young people in the school. Staff will also receive training to support the delivery of the programme. At the time this review was being undertaken the following numbers of schools had been involved.

- Schools approached 40
- Schools involved 20
- Schools expressed an interest 3
- Schools not responded to opportunity 11
- Schools not wishing to be involved 4

Birmingham Children's Fund Project

3.8.14 Birmingham Children's Fund has for six years supported the HES to work in partnership with the national charity 'Positive Parenting' on a primary SRE project. The project was developed and co-ordinated by the Health Education Service in partnership with both Heart of Birmingham (HOB) and South Primary Care Trusts. The support of the Children's Fund enabled the HES to employ a project worker to work in primary schools.



- 3.8.15 The project worker works in a consultative way, speaking to pupils, parents, staff and governors to gain data that is particular to those children in that locality and therefore “tailor-make” an SRE policy and scheme of work that meets the needs of those children.
- 3.8.16 The project is regularly evaluated and is locally and nationally recognised as a great success and a model of good practice. There is now a long waiting list of additional schools that would like to take part in this project. To achieve a level of sustainability the methodology used in the project has been published as a guide to support schools that wish to use this model to develop their own SRE policy and programme. This guide has been distributed to all Birmingham primary schools.

Publications

- 3.8.17 The Health Education Service has published and distributed to schools a series of teaching resources and guidance documents to support the delivery of PSHEe and SRE.
- 3.8.18 Teaching materials for Key Stage 1 “Boys & Girls” and “My Mummy Ate Your Football” have been written as a result of the pupil and parent consultations delivered as part of the Children’ Fund primary SRE project.

Secondary Teachers Forum

- 3.8.19 All secondary schools were invited to be part of the secondary PSHEe teachers’ forum. The forum covers all aspects of PSHEe and Citizenship, but focuses on delivery of sessions that update and brief teachers about developments in these areas. The forum ran with 12 teachers attending from a variety of secondary schools across the city. The majority were from schools that engage with the Health Education Service on other projects.
- 3.8.20 Topics covered in the last two years that relate to SRE included:
- Teenage pregnancies and school aged parents. What schools should be doing and what help will be available to the school and the pupils;
 - Aid’s and HIV Awareness and the upcoming issues for Birmingham;
 - What makes a good policy and how many should I have?
 - Issues around Female Genital Mutilation and links to child protection; and
 - General SRE update.

Delay Training

- 3.8.21 The Delay Training Programme has been developed by one of the UK’s leading sexual health trainers. It aims to equip professionals working with young people with the skills and strategies to support young people in delaying first sexual activity. Three members of the Health Education Service have been trained as “Delay” trainers and will be rolling out the training for teachers followed by school nurses and wider professionals, from the autumn term. The training will be offered to schools as part of the HES paid course programme.



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
- The role of the Youth Service
- The Governor Support Unit
- SRE within Birmingham Schools (incl Faith schools)
- Role of External Agencies
- Results from the Young Peoples Survey

4.2 Health Education Service (HES)

4.2.1 The Review Group were very grateful for the hard work and support provided by the HES during the course of the review.

4.2.2 A number of very interesting and valid points were heard and they are summarised below.

Role of SRE

4.2.3 We were told that Sex and Relationship Education should not be solely driven by the need to reduce teenage pregnancies but equally by the need to provide young people with information on wider issues. It was felt that the emphasis on preventing teenage pregnancy can sometime detract from the wider benefits of effective SRE.

4.2.4 SRE was not just about the teaching of the “mechanics” of biology, it was also about providing young people with the lifelong learning skills to help them in the future when it comes to relationships, self esteem and their own sexual health.

4.2.5 It is an area of the curriculum that will give the young people the skills to make informed decisions not only during their time within the learning environment but also when they progress to adulthood.

4.2.6 There is also a need to raise awareness amongst young people of the risks of predators, date rape, (effects of drugs like Rohipnol) and grooming via the internet. Resources need to be put into raising the aspirations of all young people.



- 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 inappropriate subject matter. The HES encouraged schools to work with parents and the local community to alleviate these fears. It was felt that misunderstandings around the content of SRE must be challenged.

Role of Parents

- 4.2.14 The role of parents was also considered to be an important one. It was not the sole responsibility of parents to teach their children about SRE, the school also played an important role within this. It was about striking a balance between parental expectations and providing the young people with the right knowledge to make informed choices. Parents and carers had a vital role in planning Sex and Relationship Education and evaluating its delivery. Members were told that there was a great willingness, especially amongst foster carers, to undertake training in SRE.



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 partners being aware of what was available together with clear need to signpost the availability of external support.
- 4.2.21 It was also noted by the Review group that the availability of financial resources had an impact on delivery. At the moment, specific additional resources had to be generated to allow the subject to be taught appropriately.
- 4.2.22 There was, perhaps, a need to consider the formation of an agreed syllabus across the city that might include a template for signposting external support. There were arguments for and against both local and national syllabus. One approach might be to first develop a national framework to ensure that Sex and Relationship Education was an integral part of PSHEe.
- 4.2.23 The Review Group also heard about the characteristics that make a sexually healthy young person which they felt was very useful and informative and the key points are listed below.
- Appreciates own body
 - Takes responsibility for own behaviour
 - Is knowledgeable about sexuality issues



- Communicates effectively with family about issues, including sexuality
- Understands and takes into account parents' and family values when developing their own
- Interacts with both boys and girls in appropriate and respectful ways
- Expresses love and intimacy in developmentally appropriate ways
- Has the skills to evaluate readiness for mature sexual relationships

4.3 Looked After Children

4.3.1 Because of the identified high risk factors, the Review Group was keen to focus in on what specific support in terms of SRE was given to Looked After Children. This is set out below

Looked After Children Education Service (LACES)

4.3.2 Birmingham has developed the LACES service to meet the needs of young people in care. The team has worked hard at developing relationships within all schools by ensuring that each setting has a named contact within LACES. They also work closely with Education Social Workers to ensure that they are monitoring the attendance of Looked After Children.

4.3.3 Interim education facilities are provided at the Firstbrook Education Centre which forms part of the LACES pupil referral unit for any children in key stage 3 or 4 who has not got a place in school.

4.3.4 All teaching is carried out following the National Curriculum and SRE is delivered within the context of Every Child Matters (ECM) and covers a number of topics including:

- Relationships
- Changing and growing
- Reproduction
- Risk and decisions
- Safe sex
- Parenthood
- Sexuality
- Body image

4.3.5 It was recognised that these children may have experienced traumatic events in their lives which may distort their understanding of sex, sexuality and personal relationships and this may result in low self-esteem and inappropriate sexual behaviour. The LACES SRE policy takes these factors into account and also provides a framework for teaching the subject.



- 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 Key workers for young people in residential care were a valuable resource but there was occasionally a problem with contact continuity if the young person moved to different accommodation. School nurses, GPs and workers within third sector organisations were also a very valuable resource. Foster parents had appropriate training both before and after their acceptance.
- 4.3.8 Concerns were also raised about looked after children who had not experienced parental love and were therefore very often keen to enter relationships to gain affection, particularly once they moved into independent living. Members were told that attachment theory and difficulties in disentangling sex from love were well documented. Young people who viewed sex as a means of obtaining love were frequently disadvantaged in terms of developing relationships.

Residential Care

- 4.3.9 The following key points were made to the Review Group by the manager of residential care :
- Children were taken into care both voluntarily and as a result of care orders.
 - There were two forms of 'looked after' care:
 - foster care : this was the preferred option;
 - residential care: this could either be within the city or outside its boundary.
- 4.3.10 The objective was to both provide stability and generate trust by accommodating a Looked After Child (LAC) in a single place - either residential care or foster placement - for as long as possible. For the same reason, it was hoped to provide consistency in the LAC's support worker.
- 4.3.11 The service considered the rate of STI amongst the young people to be quite low but it was not clear whether this was as a direct result of the advice that they received. However, the LAC Nurses had highlighted that these figures might be an under representation.
- 4.3.12 Work with Looked After Children in respect of Sex and Relationship Education seemed to work well up to the point they left the formal care of the city. Although support was provided post-16 years it was not thought to be of a similar standard. The need for quality post care support to address the reduction of 'family' care was emphasised. Looked After Children went from a life that had been quite regulated and prescribed, to one of relative freedom.
- 4.3.13 There was a need to build up a degree of resilience in LAC to enable them to make sensible decisions.
- 4.3.14 Parenthood and partnerships could be a means by which young people met their individual emotional needs. This had the potential to make them more vulnerable.
- 4.3.15 It was felt that the majority of LAC pregnancies were unplanned and unwanted.



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 126 girls who fell pregnant whilst of school age. However they acknowledge the likelihood was that there were probably other girls of which they were not aware.

4.4.3 Some of the girls were referred by their schools and some by midwives. 44% of girls supported by the Team did not attend school on a regular basis.

4.4.4 Members were told that there seems to be an increasing number of girls falling pregnant in Year 10 and, therefore, there was a need to start relationship and sex education by KS3 as KS4 was perceived to be too late.

4.4.5 The Review Group was told that there was still only a limited range of suitable alternative programmes for school aged parents. Budget cuts had resulted in less choice of provision and delays in placing students.

4.4.6 The recent introduction of several 'Parents with Prospects Courses' across the city has successfully reintegrated pupils who are hard to place and /or long- term non-attendeers.

4.4.7 The percentage of pupil remaining or returning to education increased from 48% (2006/7) to 63% (2007/8).

4.4.8 The project worked with the Health Education Service to provide training for staff working within the schools the girls came from.

4.4.9 We were told that there has been a significant number of success stories as a result of their work where young women who have fallen pregnant and given birth have subsequently managed to sit their exams and gain qualifications.

4.4.10 The Members were very impressed with the fact that the project worker had gone out of her way to collect opinions for the Review Group from a group of young teenage mums that she works with. She asked them of their experiences of the SRE they had received at school and their comments are summarised below. The girls felt that:

- Mixed gender classes at school were not appropriate and they were often too embarrassed to actively take part. They would have preferred to have separate lessons from the boys;



- 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;
- There was a need for more easily accessible contraceptive advice;
- There was peer pressure to have a sexual relationship whilst still of school age;
- The media portrayed such a glossy view of relationships that they did not really consider the difficulties in developing a positive relationship;
- There was little preparation for real life. They wanted activities which helped them to consider various "real-life" scenarios and work through and discuss possible solutions to these; and
- There was not enough positive debate about relationships, how to approach them and how to select a partner.

4.5 The Role of the Youth Service

- 4.5.1 The Review Group were told by the Youth Service that research evidence shows that comprehensive SRE which involves organisations and individuals working alongside school based programmes can reduce the negative outcomes of sexual activity including pregnancy and STIs.
- 4.5.2 They heard that youth workers play an important role in helping to deliver SRE. The relationship between young people and youth workers is often voluntary and informal, providing a unique opportunity to develop issue based work relating to sexual health. They can provide young people with general information on contraceptive methods and STIs. They also have an important role in sign posting young people to the most appropriate services.
- 4.5.3 The Youth Service plays a key role in working with all children particularly vulnerable young people. The settings are often less formal than a school based settings. This can be effective as young people actually choose to be there.
- 4.5.4 Members were told about the "C-Card" scheme, which enables young people to have access to sexual health information, confidential advice as well as free condoms. Under this initiative youth workers are trained to deliver sexual health information in addition to providing condoms. It is funded by the Teenage Pregnancy Unit and the PCT and it is a free and confidential service. It has been running in Birmingham for the last 18 months. Centres register young people onto the scheme and each centre publicises its services. Any young person on this scheme can access information support and signposting to other more specialist agencies. To date 279 young people have utilised the scheme (103 male, 176 female).



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 workers across Birmingham were working with young people in the other 26 Wards and covering SRE matters. Schemes in Perry Barr/Birchfield and in Small Heath/Sparkbrook had involved sessions that had been called "Relationship Education" in view of concerns raised by minority ethnic groups. The Youth Workers had adapted the sessions to ensure they were appropriate to each group. The Youth Workers agreed that all sex education should aim to improve knowledge skills and self-esteem as well as to explore cultural and personal values.



4.6 The Governor Support Unit

- 4.6.1 The Review Group met twice with officers from the Governor Support Unit (GSU) of the City Council.
- 4.6.2 They told the Review Group that school governors had a strategic role rather than being involved in the day to day teaching of SRE. Governors were made aware of this responsibility during their initial induction. Although it was included in the list of responsibilities during induction training, there was no specific training on PSHEe for governors. The Unit did have the capacity, willingness and ability to provide such focused training - either on a cluster or city-wide basis - but it would depend on funding and take up.
- 4.6.3 With regard to training on SRE for governors, the Unit stated that it provides governors with a copy of the model SRE policy. Trainers from the GSU had on one occasion arranged special training for governors in conjunction with the Health Education Service. The training was publicised through the governor magazine which is circulated to all governors, but there was very little take up.
- 4.6.4 However, it was generally difficult to arrange events for governors to attend, as they were volunteers, and often the Governor Support Unit would not receive a big response to events it arranged.
- 4.6.5 Concerns were expressed that any training sessions or events organised would only be attended by governors who were interested in the subject and not by those who had some resistance to the topic area.
- 4.6.6 In terms of the development of the SRE policy, the Review Group were told that the GSU believed consultation took place with governors within schools at an early stage before the policy was finalised. It was felt that governors would probably find it useful to hear what other schools were doing and to share good practice and to assist this where possible, the Governor Support Unit would include details of good practice, advice and information in the governors' magazine.
- 4.6.7 It was felt that more work was needed to spread good practice in respect of all aspects of Sex and Relationship Education. It was suggested it might be possible to appoint a Governor as a lead / champion for this area of work but it would need to be the 'right' person and this responsibility would compete with many similar ones.

4.7 School Governor Survey Results

- 4.7.1 To supplement the evidence received from the Governor Support Unit, Members were very keen to hear directly from school governing bodies on a number of topic areas including their understanding of the SRE syllabus, the type of training they had received, particular areas of good practice they would like to share and more importantly their suggestions for improvements to the SRE syllabus in Birmingham.



- 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 Coordinators 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.



Survey Conclusions

- 4.7.12 The survey has highlighted a number of interesting areas. Again, even though the results are based on a relatively small sample size and it would not be fair to make sweeping generalisation for all the schools in the city, what has to be acknowledged is the good work being carried out within our schools.
- 4.7.13 Schools that have engaged with parents have said that it has enabled parents to understand what is being taught to their children and has gone some way towards alleviating concerns. As a result a lot fewer children are withdrawn from lessons. This is something that more schools could possibly look at doing.
- 4.7.14 More training for both teachers and governors was also an area highlighted by a number of schools that they would like more support with. In terms of specific training for governors, very few of the schools responding had governors who had taken part in SRE training. Unfortunately the reasons for this were not explored in further detail as it could be a number of reasons including lack of interest/time, availability of training programmes etc.
- 4.7.15 The use of external agencies to support schools in delivering SRE was also a positive theme recurring throughout the survey responses. This included amongst others Loudmouth Theatre Group, The Brook Advisory Clinic, SPACE Charity, The Life Bus and the support from staff at the Health Education Unit.
- 4.7.16 Some schools felt having access to statistics on teenage pregnancy rates and sexually transmitted infections statistics for their relevant Wards would be a helpful tool for planning SRE lessons for the students.
- 4.7.17 Having up to date materials and standardised work schemes was also mentioned on a number of occasions.

4.8 SRE within Birmingham Schools

- 4.8.1 Below are case studies on the experiences of teachers delivering SRE programmes from three schools in the city

Case Study One: Primary School

Evidence was received from a head teacher at a primary school in the north of the city. She explained that the school taught the children about relationships and also taught the main words for genitalia. The school did not teach homosexuality, but would answer questions, if asked, without promoting that type of relationship.

The teachers' work was monitored and peer reviews were undertaken as well as assessing children's understanding of the subject. The school sent a pack to 20 pupils in each year group consulting their families on the content of lessons each year. Workshops were undertaken with parents and approximately 30 people had attended those workshops during the day, the majority being women. 7% of the pupil population at the school are Muslim and 5% are black,



there had been no withdrawals from SRE. There had originally been some concerns expressed by parents, but time was spent time showing the parents what work would be undertaken and this reassured them and allayed their fears.

She advised that she had achieved PSHEe accreditation and she would encourage other teachers to undertake the certification as she found that the qualification had helped give the subject recognition.

Governors at the school had seen the school policy and had not asked for changes.

Key Learning Points for the Review Group Were:

The need to take full advantage of the support provided by the HES.

Ensuring parents were fully consulted about the programme.

Age appropriate teaching.

Case Study Two: Secondary School

Evidence was received from the PSHEe Co-ordinator at an inner city secondary school.

This teacher had been working very closely with the staff from the Health Education Service. The school consulted with parents to see if they wanted support to undertake their child's sex education themselves. But most parents had wanted the school to teach the subject and there had been only two withdrawals. The school reminded parents what it would teach and that they had a right to withdraw their child. Subsequently ten parents had signed up for a course on sex education.

Some concerns had been raised about the risk of the topic promoting promiscuity, but clear explanations of what would be taught had been given to the parents. Much emphasis was given in Year 10 to the situation of rape and the treatment of women. In terms of lesson plans it was seen as being important, particularly with boys, to teach about healthy relationships and that this was best done by teachers from different backgrounds, both in terms of ethnicity and subjects taught.

Teaching of the subject was relatively new, but this teacher had found that pupils were very engaged in lessons and he emphasised that the subject was taught by very good teachers. He did find that it had helped having parents involved, spending time meeting with parents and governors, and that the involvement of the School Council was particularly important in making the subject a success.

In terms of good practice the school school's next step to work with primary schools and share good practices. He advised that the school spent time teaching critical thinking and discussion to the pupils. The moral and religious perspective and was established by looking at the viewpoints of various religions and discussing this in detail with the pupils.

Key Learning Points for the Review Group Were:

Despite the fact that the parents were from an ethnic minority community that would have been considered to have been more likely to withdraw their children from SRE classes, because they had been fully consulted on the programme, they did not do this.



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 subject from a moral and religious perspective with a celebration of marriage and family life being at its core.

Association of Muslim Schools

From an Islamic perspective the aim of Sex and Relationship Education should be to prepare Muslim pupils to lead their personal and public lives in a manner consistent with their Islamic moral principles and values. It is also important to



understand the different sexual values and behaviours that they will observe in a pluralist society.

(Meeting the needs of Muslim pupils in state schools 2007)

- 4.9.3 The Association did not support a particular sex education curriculum and told the Review Group that relationship issues were usually taught as an element of Islamic studies which were founded on a pupil's relationship with God. The 'mechanics' of sex was taught, as in state schools, as an element of the science curriculum with no direct link to relationships. It was acknowledged this was a sensitive issue, especially with parents, with which some schools struggled.
- 4.9.4 However, there were issues around contraception and abortion which were covered by way of a moral discussion often as a part of Citizenship topics. They tended not to be approached from a negative viewpoint but from a third party perspective.
- 4.9.5 OFSTED had indicated that it was content with this approach to the teaching of these topics.
- 4.9.6 It was indicated that some Muslim parents were very uncomfortable with the children's exposure to sex education. This was mainly as a result of their perception that it supported the principle of the permissibility of pre-marriage sex - so long as it was protected.
- 4.9.7 It was suggested that many Muslims had problems / concerns with relationship and sexual health education because of their perception of its explicitness and permissiveness. It was, perhaps, the latter that was the real issue and that the teaching of the 'mechanics' within a culture-free and scientific environment was accepted.
- 4.9.8 Issues around forced/arranged marriages were covered within Citizenship and/or Islamic studies where it was explained why these marriages were wrong. Certain types of contraception were permissible within the Muslim faith but only within marriage.
- 4.9.9 It was however recognised that engagement with parents made life easier and they were often more open than might be expected.

Church of England

- 4.9.10 During evidence taking, the following key points were made:
- 4.9.11 It was suggested that the Church of England approach was a celebration of marriage and family life and that, to a large extent, this was reflected in the National Curriculum. One area where this approach needed to be put across with sensitivity was in respect of young people who did not form part of a 'traditional' family unit e.g. broken homes, single parent and in care. The whole subject and the issues that surrounded it needed to be handled with sensitivity irrespective of the area within which a school was located.
- 4.9.12 There was a need to show the celebration of marriage as an option portrayed in positive way especially if reinforced by appropriate married people in the local community.



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 The service manager explained that the service worked with priority groups which included young people, professionals in general practice and African and African-Caribbean communities. Most of the work undertaken by the Service focused on professional training, signposting sexual health services and providing sexual health information and resources. Their aim is maximise sexual health and well being and reduce inequalities in sexual health.

4.10.7 They produce the “Sex Directory” which contains information on a variety of topics including emergency contraception, peer pressure, STIs as well as a directory of local services. This is not just targeting young people but it’s about providing information to everybody.

4.10.8 The manager emphasised the importance of offering a range of different services which enabled young people to choose those services which best met their particular needs.

4.10.9 The Team works in partnership with the Brook Advisory Clinic to provide training for GPs and other professionals.

Brook Advisory Clinic

4.10.10 The Chief Executive met the Review Group to describe their services and work in the city. The Brook is the major provider of contraception services for young people under the age of 25.

4.10.11 Its SRE programmes can be tailored to meet the specific learning needs of local groups and education services. Brook has a holistic approach to delivering sexual health and relationships education.

4.10.12 The range of services offered by Brook include:

- All methods of contraception including LARCS (long acting reversible contraception) and condoms;
- Emergency contraception;
- Pregnancy testing and counselling;
- Chlamydia testing and treatment service;
- Termination referral;



- 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 they cover include relationships (emotions, feelings, types of friendships), confidentiality and child protection, sexual harassment and inappropriate behaviour, self-esteem, body image and peer pressure to name but a few.

4.10.16 The Brook also works in partnership with the local authority. The Chief Executive felt it was always useful for other external agencies to supplement the services which were already in place. It was pointed out that, while the local authority had responsibility for empowering skilled specialist teachers to undertake SRE work, it was also entirely appropriate to further develop their skills and to add value. Organisations such as Brook had and would continue to have an essential role until SRE became a statutory requirement.

4.11 The School Nursing Service

4.11.1 The Review Group heard from the School Nurses Team which covers the Birmingham East and North (BEN) Primary Care Trust area of the city. BEN PCT has 437,500 people living within its boundaries and is made up of 16 wards. (Acocks Green, Bordesley Green, Erdington, Hodge Hill, Kingstanding and Oscott, Shard End, Sheldon, Stechford and Yardley North, Stockland Green, Sutton Four Oaks, Sutton New Hall, Sutton Trinity, Sutton Vesey, Tyburn, Washwood Heath, South Yardley)

4.11.2 The service is made up of registered nurses, children's nurses, school nurses, staff nurses and school nurse assistants.

4.11.3 They have a number of key roles including child protection and safeguarding, drop ins for parents and students, immunisations, hearing tests, health education and promotion and the "Hear 4 u Clinics" aimed at reducing teenage conceptions.

Youth Development Programmes

4.11.4 These are funded by the BEN (Birmingham East and North) Primary Care Trust and are aimed at reducing the under-18 conception rate in Birmingham by providing SRE through programmes which are designed to raise the self-esteem of young people.

4.11.5 They run targeted school based "health drop-in" and youth development programmes.



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:

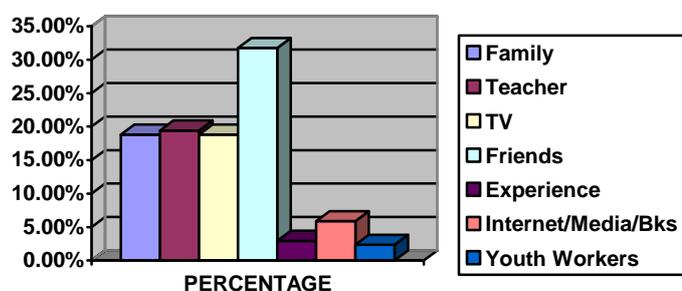
- Harborne, Kingstanding, Erdington, Maypole, Bournville, Selly Oak, Kings Heath and Castle Vale

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
15	19	2	17
14	21	8	13
13	2	1	1
TOTAL	82	14	68



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?)

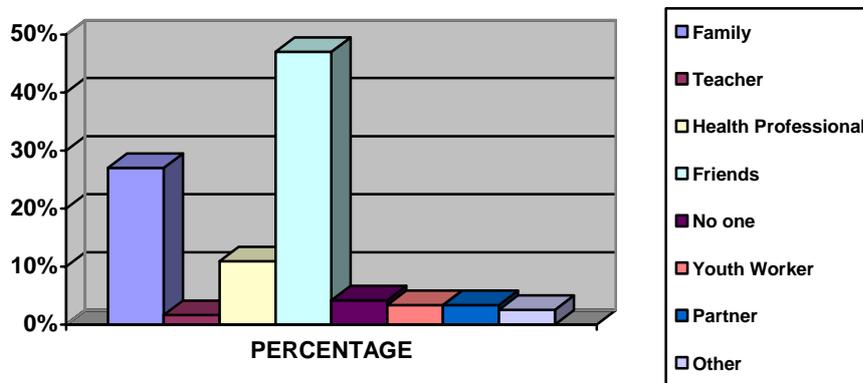
- In terms of identifying what they had learnt about sex and relationships, the majority of young people interviewed said they had learnt about the dangers of unprotected sex and teenage pregnancy. They wanted more information on the relationship aspects of SRE which they felt they didn't always get.

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

- In terms of the information and support the young people had received through their SRE lessons the majority were more aware of the risks involved in developing sexual relationships. A number expressed an increased maturity and ability to communicate better in relationships. There were a small number of young people who claimed that the support had not had any effect, while one or two suggested it had made them more cautious of entering a relationship.

4.12.7 Support (Who do you talk to if you have a sexual health or relationship issue that worries you?)

- Parents and friends were identified as the people the young people would talk to with regard to issues of relationships and sexual health. It can be seen from the graph below that teachers and health professionals weren't necessarily the people that young people would automatically go to if they had problems relating to the issues around relationships and sexual health.



4.12.8 **Characteristics** (What makes someone good at helping you learn about sex and relationships? What skills and knowledge does he/she need?)

- When asked about whom it was that they wanted to teach SRE, they were quite clear that they wanted someone they could trust to talk to about relationship and sexual health issues. They wanted someone who understood what it was like to be a teenager and was non judgemental. It was also important that the person had a clear grasp of the subject area in order to present facts and was not embarrassed easily.

4.12.9 **Understanding** (What do young people need to know about sex and relationships?)

- The young people were provided with a checklist of what they thought should be included within SRE lessons (Appendix 3). The young people largely agreed with the list provided but identified issues relating to dealing with emotions, sexuality, where to go to for help, parenting and abortion as topics that they would like to see covered within their lessons.

4.12.10 The survey was seen as an important piece of work for illustrating what it was that young people wanted from SRE lessons. Friends and peers were seen as the main source of information for issues relating to sex and relationships. They also felt that not enough information was provided on the relationship aspect of the programme.

4.12.11 Members were very appreciative of the time and effort the young people had spent in carrying out the consultation exercise.

4.13 Evaluation and Monitoring

Are you getting it right? Toolkit

4.13.1 Members were presented with The Sex Education Forums (SEF) toolkit for consulting young people on SRE.

4.13.2 This toolkit provides a selection of activities to help secondary schools involve young people when reviewing and auditing their sex and relationships education (SRE). It is designed for school staff



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.

	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



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



and cultural values and it may not be a case of one approach being appropriate for all, but as stated earlier, flexibility within the syllabus should allow this to take place.

6.3.3 The Review Group felt that this may require the setting up of a city wide SRE forum made up of all the relevant partners and multi faith groups to take this issue forward in a coherent and consistent manner. Any framework of entitlement must address the diverse needs of the city and this will be assisted by a wider involvement of all interests.

6.3.4 It is clear that both young people and adults involved in their up-bringing may come with a wide range of value systems and schools, especially those linked to faith groups, often wish to adapt the curriculum to reflect an appropriate value system. However there are underpinning principles that need to be shared and cannot be compromised. These include the following:

- That children benefit from being raised in families with loving parents who are ready to undertake the task of parenting;
- That sexual bullying and coercion, including homophobia and forced marriage, is unacceptable;
- That the law states that the benefits of married relationships should be set out and that there are reasonable ways of doing this within the SRE curriculum, for instance by the provision of positive role models.

6.3.5 The precise terms of reference and composition of this forum will need to be determined. Administratively it might be simplest to make it a sub-group of SACRE and SACRE's interest in our review has been very welcome. However the membership and balance of membership would need to be different and involve experts from within the faith schools sector.

Finding

There is a need for a flexible programme of study which takes into account the multi faith and multicultural aspects of our city.

	Recommendation	Responsibility	Completion Date
R3	That the Cabinet Member explores the possibility of creating a framework for SRE delivery that offers a minimum entitlement of content. This should allow flexibility to take account of localised issues.	Cabinet Member for Children, Young People and Families.	May 2010
R4	That the Cabinet Member works with SACRE to establish a multi faith sub group, (broadened to include representatives of additional interests such as Faith schools in Birmingham) to be consulted on the SRE framework and to ensure the curriculum and delivery takes account of the needs of diverse communities within the city.	Cabinet Member for Children, Young People and Families.	May 2010



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 Some recent press coverage on the topic of sex education has fuelled fears in both parents and the general public that it is proposed in future to force unsuitable knowledge of sexual matters on very young children. This is simply not the case and the Review Group were reassured by the evidence heard that SRE in primary schools continues to focus on developing resilience and the ability to handle relationships.
- 6.5.2 There is a real need to demystify and remove the misconceptions associated with SRE. It is important to stress that the guidelines produced by the government continually stress the importance of delivering SRE within a moral framework. This will go some way towards reassuring parents and governors that the intention is not to promote promiscuity in any way.
- 6.5.3 Many pupils, parents, staff and governors are still unsure about what SRE means at each Key Stage and are therefore apprehensive and concerned about the content of SRE delivered to their child(ren) school.
- 6.5.4 Evidence from our governor survey suggested that schools that worked hard at promoting parental involvement and consultation felt they had fewer parents withdrawing their children from SRE. They felt that once parents knew what the topic area consisted of and the types of materials that were going to be used, they were more willing and supportive of the schools and less likely to withdraw their children.

Finding

There is a real need to demystify and remove misconceptions around the content of SRE particularly within primary settings. In addition, meaningful consultation with parents and young people will be a means of breaking down the myths and taboos surrounding the teaching of SRE, particularly within primary schools.

	Recommendation	Responsibility	Completion Date
R7	That the Cabinet Member further develops the HES guide and other promotional material aimed at parents and governors of primary and secondary school children, which make clear the content and style of delivery of the subject area.	Cabinet Member for Children, Young People and Families.	November 2009



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 the schools were involved in.
- 6.6.22 Our governor survey highlighted that successful SRE within the schools was delivered in conjunction with both parental and student input. Schools that consulted with parents (ie. held meetings with and informed them) found that parents were more inclined to feel comfortable with



the topic area once they were aware of what was being taught. In some ways this was especially helpful in countering the myths and taboos often associated with this topic area.

Involvement of Young People

- 6.6.23 A theme running throughout the sessions of the Review Group was the contribution of young people to the development of effective SRE programmes. The young people on the Review Group felt that it was important that “they” should have an input into the delivery of SRE lessons.
- 6.6.24 The Group was also impressed by evidence received from those at the sharp end of the issue – young people themselves and those young women who have given birth while at school.
- 6.6.25 Schools in general consult pupils on issues such as litterbins or food menus rather than topics that may require a whole school shift in what the curriculum delivers. Being more open to pupil voice and acting on the results would see more schools having to address their SRE and its content.
- 6.6.26 The Group also had a discussion on the Sex Education Forums SRE audit toolkit. The checklist within it was used as a basis for the young people’s survey. The young people had found it particularly useful in identifying those elements of SRE that were taught well. It also highlighted topics they wanted to see covered that were not currently included.
- 6.6.27 Members felt strongly that the delivery of SRE should not be seen as the sole responsibility of schools alone. Working in partnership with parents is key to making SRE a successful part of the curriculum.

Finding

Parents and young people should be involved in the development of SRE programmes and have a say in how they are delivered - this is crucial to the successful delivery of the programme. Ways of encouraging this need to be explored further.

The Review Group and the young people consulted also felt that the SRE toolkit provided by the Sex Education Forum should be a tool that schools are encouraged to make use of when planning their SRE programmes. It is important that this toolkit is packaged in a manner appropriate to the diversity of our schools.

6.7 Supporting Young People’s Development in Life

Counselling and Pastoral Support

- 6.7.1 Members felt that children should have help and support to make the right lifestyle choices. They also felt quite strongly that good SRE is not just about reducing the level of teenage pregnancy rates within the city; it is also about equipping children with the skills and knowledge to make positive lifestyle changes and decisions for their future well being.
- 6.7.2 From the evidence that was received from a range of sources, Members were reassured that SRE within schools does not promote sexual relationships, but rather it develops children’s confidence



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 support and the importance of having someone to “talk to” about emotional issues as one of the key areas that they would like to see as part of effective SRE programmes.
- 6.7.4 The teenage mothers group felt that the media portrays such a glossy view of relationships that they did not really consider the difficulties in developing a positive relationship. The young women would have appreciated the opportunity to explore other relationship issues at school.

Finding

Schools are not the only source of information available to young people about sex and relationships. The Youth Service, external organisations, friends and the media may be other avenues used by young people. Quite a few young people will need additional support outside of SRE lessons. That being so, secondary schools should be clear on what other support and pastoral care is available to pupils.

Schools must have mechanisms in place to ensure that they are aware of appropriate services outside of the schools to signpost young people towards.

6.8 Partnership Working and Role of Stakeholders and External Agencies

- 6.8.1 We heard from a wealth of different organisations doing good work around the area of preventing teenage pregnancy and promoting healthy relationships within the city. It was recognised that this may not always be joined up and it is important to make best use of the resources available.
- 6.8.2 Schools should work in partnership with external agencies to ensure young people have access to advice and support on sex and relationships outside the classroom as well as the chance to benefit from the skills and knowledge from other organisations. External agencies can add a further dimension to school based SRE delivery because they do not have an ongoing relationship with the young people therefore making it easier for the young people to relate to them in an open and honest way.
- 6.8.3 Evidence suggested that supportive partnership working led to effective delivery of programmes, with teachers, youth workers, school nurses, health service staff workers and theatre involved. SRE programmes delivered in both formal and informal educational settings are effective when staff are confident about the subject area. However, there was concern as to what would happen to programmes in specific settings when skilled facilitators changed jobs and moved on.
- 6.8.4 Members acknowledge that there are many examples of good work within the city, undertaken by numerous organisations, but what is obvious is that there could be better joined up working



between the different agencies, organisations and partnerships, e.g. schools to explore ways of working with the Youth Service, children's social workers and other agencies.

Finding

Although we heard evidence of good partnership working we felt that there was potential for greater sharing of information and data, signposting and increased joint working. Any joint working on teenage pregnancy needs to take a holistic view of SRE and its potential long term benefits.

A city wide SRE forum could assist with this.

	Recommendation	Responsibility	Completion Date
R9	That the Cabinet Member reports back to the Children and Education Overview and Scrutiny Committee on whether existing forums and committees can develop a partnership working role or whether a new forum for SRE would need to be created.	Cabinet Member for Children, Young People and Families.	November 2009

6.9 Data Sharing Arrangements

6.9.1 We heard evidence of a programme funded through the Teenage Pregnancy Partnership that targeted 14 wards identified as hotspot areas with particular high rates of teenage pregnancy rates.

6.9.2 From our survey we heard that schools would find it useful to have access to localised data on teenage pregnancy rates and STIs within their localities to help them tailor their programmes more appropriately.

6.9.3 The Review Group would like to commend the "Sex in the City" document produced by the Birmingham Public Health Network which contains an immense source of information on the sexual health of young people within Birmingham and Solihull. The information within this would be useful to schools and should be made available to them.

Finding

We became aware that some schools did not have access to local teenage pregnancy and STI statistics for their area. Making this information available to them would assist them in understanding the wider picture locally and could help them focus their actions.



	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

6.10 Monitoring and Evaluation (Good Practice)

6.10.1 Schools need to ensure that they have robust systems in place to monitor/ assess the skills and knowledge that young people have obtained during SRE lessons which in turn should provide them with the opportunity to review their SRE programmes to ensure that any gaps in knowledge are identified and rectified. It might be worth considering including young people in the monitoring of SRE programmes and services e.g. by carrying out mystery shopper type exercises.

6.10.2 Other Ideas to explore: The young people felt that establishing mystery shopper exercises e.g. via the Birmingham Children and Young People's Parliament may also be a good idea. Developing quality standards, e.g. Promoting the use of the Sex Education Forums SRE toolkit as an evaluative tool.

6.10.3 Support services within non school based settings could perhaps develop shared quality standards.

Findings

There is a need to support the development of effective evaluation practices within schools to ensure that these programmes are meeting the needs of all students and sharing good practice within Sex Relationship Education, especially in terms of assessing the benefits of SRE to young people.

That primary schools need to be made aware of availability (and success) of existing good practice in SRE programmes.

	Recommendation	Responsibility	Completion Date
R11	That the Cabinet Member works with the Birmingham UK Youth Parliament and the Birmingham Children and Young People's Parliament to implement the work of this review and report back to Scrutiny.	Cabinet Member for Children, Young People and Families.	May 2010

6.11 Development of School SRE Policy and Role of Governors

6.11.1 As mentioned already, all schools are required to have an up-to-date SRE policy. Within secondary schools the policy must contain details on the content and organisation of SRE that falls outside of the National Curriculum, whilst at primary school level they should have a statement describing the SRE provided.



- 6.11.2 As school governors are currently responsible for the development of the policy, it is therefore important that they have the knowledge, expertise and awareness of the subject area to enable them to effectively lead this.
- 6.11.3 Data received via our school governor survey confirmed that very few governors had received specific training on SRE and this was also confirmed by the Governor Support Unit. During their initial induction process governors are given details on their roles and responsibilities and that relating to SRE is covered within this process. The Governor Support Unit indicated that take up of training by school governors was often low.
- 6.11.4 It could be inferred from the results of the governor survey that even though governors may be aware of the existence of the school SRE policy, they may not necessarily have played a great role in its development. There is clearly a need for more active leadership to be taken on this area. Governors could also play a role in ensuring that the relevant support services to achieve the policy are in place such as PSHEe Co-ordinators, access to counselling services etc.
- 6.11.5 Review Group Members realise that there are immense time pressures on governors and more training courses may not necessarily be the simple solution, but other ways of working may have to be explored that promote and support a leadership role for governors in policy development and monitoring implementation in this area, e.g. schools working in clusters with a designated SRE governor champion. Options that can be considered include:
- Specific training during induction;
 - A "catch up" programme of training organised on a cluster basis;
 - Making training programmes available to clusters and encouraging uptake of training on a citywide basis.

For governors:

- Appointing an SRE link governor/SRE Champion;
- Ensuring that a minimum number of governors attend training;
- Ensuring that a senior member of staff is appointed as SRE coordinator and that the member of staff receives adequate support (see section 6.6 on Training);
- Ensuring that an SRE policy is reviewed annually either by the full governing body or by curriculum committee;
- (At secondary level) Ensuring that an SRE policy includes practical support for young people, either through the provision of counselling and/or other services within school or through sign-posting to services in which the school has full confidence (see section on Delivery); and
- (At primary level) Actively seeking an appropriate SRE policy rather than taking the option of not having a policy.



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 able to take a true "overview" of the issue. We feel it is important that our findings are reported back to governors and young people and help to underpin work that takes place over the next few years.

Finding

It is our aspiration that a "youth proofed" version of this report, no longer than two A3 pages in size, should be produced and should be made available to stakeholders, e.g. governors and staff undertaking training, the Birmingham Youth Parliament, Primary Care Trusts and other partner agencies. Such a version would summarise in clear and simple language, the evidence received from young people and schools, the principles that underpin good SRE and the findings set out here.

	Recommendation	Responsibility	Completion Date
R14	That Scrutiny work with the Birmingham UK Youth Parliament to produce a "youth proofed" version of this report.	Chairman of the Children and Education Overview	September 2009



		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:

- Hackney (Health Committee)
- Haringey (Health)
- Hartlepool (Children's Services scrutiny)
- Hounslow (CYP Scrutiny Panel)
- Kent (Select Committee)
- Leeds (Health Scrutiny Committee)
- Nottingham (Health)
- Salford (Children's Services Scrutiny Committee)
- Tameside (Lifelong Committee)
- Waltham Forest (Health)

Key Themes

7.1.3 There are a number of key themes that ran through all of the reviews.

Training of Staff

7.1.4 All of reviews made recommendations on the availability of good SRE training for teachers within schools. Waltham Forest went as far as recommending that all secondary schools within the city should have sufficient members of staff trained to deliver comprehensive SRE.

Availability of Information and Sign Posting of Services

7.1.5 Hackney recommended providing information on sexual health services in different community languages and to ensure that this information was widely circulated beyond places where sexual health services were offered. Salford specifically talks about using libraries and community facilities to promote sexual health services.

7.1.6 Nottingham mentioned using websites and text messaging as a way of communicating with young people.



- 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



opposed to the biological element of the curriculum and that the name should be changed to "Relationship and sex education" to reflect this emphasis.

- 7.1.17 Hartlepool recommends that ways of improving the relationship aspect of the curriculum be explored further.
- 7.1.18 Recommendations relating to age appropriate content were also a recurring theme.

Monitoring and Evaluation

- 7.1.19 Kent recommend the development of a strategy for more consistent delivery of PSHEe together with a more robust assessment and monitoring methods to be adopted by all primary and secondary schools within Kent with parents and pupils having a role in the planning and evaluation of SRE.
- 7.1.20 Salford mentions using the possibility of using school improvement officers to monitor the effectiveness of SRE within schools annually.
- 7.1.21 Hounslow recommend working with health professionals in order to be part of a SRE quality assurance process.

Partnership Working

- 7.1.22 Hounslow recommend holding a stakeholder event to encourage debate amongst professionals, pupils' parents' faith groups on the teaching Of SRE within the borough. They also wanted to see better co-ordination between agencies regarding information and advice provided to young parents.
- 7.1.23 Tameside recommend that clusters of schools should work in partnership to deliver better SRE. Kent also recommends that each school cluster identifies a PSHEe lead.
- 7.1.24 Nottingham recommended that the Education Dept also works closely with the school nurses service to further develop their service to ensure that they have appropriate working space to provide confidential service to students. They also recommend that anyone working with young people, for example Housing Patch Managers, Youth Workers, Teachers and training providers and the Youth Offending Team should be provided with information which will enable them to signpost young people to sexual health services if necessary. This information could be provided in induction packs for new staff as well as to existing staff.
- 7.1.25 Haringey recommended that work on Sex and Relationships Education be strengthened in the community, including engagement through the Youth Service and other community groups. The panel would like to see closer collaborative working between the Youth Service and 4YP services, including the Connexions service.



7.2 Appendix 2 – Governor Survey

Sex and Relationships Education Policy Details

- 7.2.1 All 95 of the schools that responded had a SRE policy.
- 7.2.2 43% of schools had reviewed their policy within the last 12 months (34 primary, 7 secondary) and 26% had done so within the last 6 months (19 Primary, 6 Secondary).
- 7.2.3 Governors from 57 out of 76 primaries (76%) and 18 out of 19 secondary schools were aware of content of their SRE modules (Table 2).

Table 2

Type of school	Yes	No
Primary	57	19
Secondary	18	1
Total	75	20

- 7.2.4 When asked whether they wanted to see any changes made to the content of lessons, the majority of the respondents did not want to see any changes made. (89 out of 92 who responded to the question).

Development of the Policy

- 7.2.5 Table 3 gives details of the types of people consulted in the development of the SRE policy. As mentioned previously, it is not possible to draw any city wide based on the size of the sample but looking at the breakdown of responses it can be seen that head teachers and teachers are consulted most widely on policy development in both primary and secondary schools. The survey shows that 63% of primary schools and 42% of secondary schools consulted with parents and 22% of primaries and 47% of secondary schools consulted with students.

	Primary	secondary
Head	72 (95%)	18 (95%)
Parents	48(63%)	8 (42%)
Governors	55 (72%)	13 (68%)
Teachers	67 (88%)	18 (95%)
Students	17 (22%)	9 (47%)
LA advisors	14 (18%)	4 (21%)
Other	7 (9%)	0
Answered Questions	76	19



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	1	1
Total	84	100
Skipped Question	11	

Delivery

7.2.7 In primary schools, class teachers deliver the majority of SRE lessons, whilst in secondary schools it is a mixture of form tutors, PSHEe co-ordinators and the school nurse.

Class Teachers	27
Class Teachers and School Nurse	5
Teachers	12
Teachers and School nurse	13
School Nurse	2
All Staff	4
Form Tutors	1
Head	1
PSHEe Co-ordinator	18
Year 6 Teacher	3
Brook	1
SPACE	1
Total	88
Skipped question	7

7.2.8

Staff Training

7.2.9 55 schools had members of staff who delivered SRE who had received specific training on SRE.

Received No Training	37
Received Training	55
Unanswered	3
Total	95

7.2.10 A further supplementary question was included within the survey to identify the type of training that staff had undertaken. Not all respondents answering the initial question answered the



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 One school had a governor question time meeting which gave parents a chance to ask about the SRE policy.

- 7.2.16 Another school mentioned working with the EAL group (English as additional language) which proved to be beneficial in the long run.

We met with EAL group and tutor to view materials and discuss curriculum requirements. We are delighted that since working with the EAL parents group all of our Year 5 children including Muslim children have joined in.
(Primary Brandwood)

- 7.2.17 Secondary schools in particular appear to have used the School Councils as a tool for consulting with students on the contents of SRE lessons.

The School Council were involved in the review policy.
(Secondary Brandwood)

Good Practice

We use the “all that I am” programme which deals with whole child, growing physically as well as emotionally. Children are given the opportunity to discuss issues with confidence.



(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.

(Secondary Moseley)

- 7.2.19 The Brook Advisory Clinic was also used by schools to deliver SRE and schools and schools were very complimentary about the support they received from them.

The Brook Clinic was very professional and helpful, we took advice from them when reviewing policy.

(Primary, Brandwood)

Brook does excellent provision.

(Primary, Lozells)

- 7.2.20 Some of the primary schools also made use of the life education bus

We have the life education bus on site each year as well as INSPIRE parent workshops.

(Primary Tyburn)

- 7.2.21 The work of the Health Education Unit was also singled out by a number of schools for particular praise.

Good quality advice and development support is available through BASS

(Secondary Nechells)



The support of the Health Education Unit
(Primary Quinton)

7.2.22 One school also mentioned that that SRE was taught in single sex groups by the same sex teacher.

7.2.23 Schools also mentioned engaging with the children to ask about their views on the content, structure and materials used during the lessons.

Interviews with children after puberty lessons to check their understanding.
(Primary, Acocks Green)

Children have the opportunity to ask questions anonymously via a question box.
(Primary, Billesley)

Giving students the chance to discuss issues as a group or individually.
(Primary, Sutton Vesey)

7.2.24 Primary schools mentioned the continuity of SRE lessons running from reception right until year 6.

SRE begins in reception and is a continuum of relationships and behaviour development. We have had good support from the language alive, using drama to explore relationships.
(Primary Sparkbrook)

Our SRE programme runs from nursery to Year 6. We have also run the Speakeasy course which is accredited with the open college's network.
(Primary Tyburn)

Planned SRE programme consistently applied throughout the school.
(Primary Sheldon)

7.2.25 Consulting and involving parents was also recurring theme.

Wide consultation with parents and the support from the Health Education Unit
Continual liaison with parents.
(Primary Edgbaston)

Good quality advice and development support is available through BASS.
(Secondary Nechells)



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)



We are a culturally diverse school and work with parents to support their understanding and gain their trust in our PSHEe programme.

(Primary Tyburn)

Some children are withdrawn on religious grounds from some elements.

(Secondary Erdington)

Although an Infants School I think there should be more of an emphasis on SRE but staff are not keen to address the issues due to concern about parents views

(Primary Lozells)

Faith Schools

7.2.32 The Catholic schools who responded to this particular question were very clear about the role of the school in delivering SRE to its students, it was done within a faith based framework with the guidance of the Catholic Diocese.

SRE is delivered in accordance with Roman Catholic values.

(Faith Primary Billesley)

As a Catholic school we take guidance from the Diocese.

(Faith Primary, Nechells)

Suggestions for Improvement

- Standardising and updating the materials used.

The LA should consider standardising material across all primary schools so that as children continue their education at secondary level they will have all had some initial input.

(Primary Sutton Vesey)

Send resources DVD etc into all the schools so that there is a commonality of resource provision.

(Primary, Ladywood)



- 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 (Birmingham has very poor records on sexual health).
(Primary Aston)

- Continuity in teaching throughout all year groups.

"The process should begin at a basic level in reception not suddenly be addressed at the end of year 6."
(Primary Brandwood)

Staff should be trained to deal with this systematically within every age group from reception onwards. This should be a process not a one off event for the older age groups.
(Faith Primary Kings Norton)

- To continue to work towards ensuring cultural and faith sensitivity towards the teaching of SRE where appropriate.

Liaison with different parents and faith groups to help support schools.
(Primary Brandwood)



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	Teacher	Family	Friends	TV	Others
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Who were the "others"?

3. What do you think you have learnt about sex and relationships? (see ideas list)

4. Who do you talk to if you have a sexual health or relationship issue that worries you?

Teacher	Youth Worker	Parents	Health Professional	Friends	Other
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If "other", who.....

5. How has what you have learnt about sex and relationships affected your attitudes and behaviour?

6. What makes someone good at helping you learn about sex and relationships?
What skills and knowledge does he/she need?

7. What do young people need to know about sex and relationships? (See ideas chart)



**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.

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