Summary

The purpose of this support material is to illustrate how local programme co-ordinators can address the components of the NHSS that relate to SRE.

This material provides:

- An introduction to the role of SRE within the NHSS
- A rationale for promoting SRE
- A summary of statutory requirements and non-statutory guidance and government priorities that schools must recognise in relation to SRE
- A summary of the evidence base
- Working in partnership on issues to do with SRE at a strategic and operational level (Section 1 of NHSS)
- Establishing systems to deliver effective SRE services to schools (Section 2 of the NHSS)
- Examples of how local programmes can support schools to address the whole school approach in relation to SRE (Section 3 of the NHSS)
- Examples of how local programmes can monitor and evaluate SRE against the NHSS standards
- Appendices, including local and national organisations that can support local programmes and schools in developing SRE and key documents and resources

SRE and the NHSS

Section 3 of the NHSS Guidance (DfEE, 1999) requires local programmes to work with schools to offer challenge and support whilst contributing to whole school education and health improvement. Standards 3.5.1 and 3.5.2 of the NHSS Guidance require programmes to ensure a whole school approach is used in working on specific themes and to have measures for assessing school achievement in relation to the specific themes. SRE is one of the specific themes within the NHSS and the accompanying guidance to the Standard (page 16, DFEE, 1999) outlines the criteria for assessing school achievement in relation to SRE. These are identified as:

- the school has a policy which is owned and implemented by all members of the school including pupils and parents and which is delivered in partnership with local health and support services;
- the school has a planned sex and relationship education programme (including information, social skills development and values clarification) which identifies learning outcomes appropriate to pupils' age, ability, gender and level of maturity and which is based on pupils' needs assessment and a knowledge of vulnerable pupils;
- staff have a sound basic knowledge of sex and relationship issues and are confident in their skills to teach sex education and discuss sex and relationships;
- staff have an understanding of the role of schools in contributing to the reduction of unwanted teenage conceptions and the promotion of sexual health.

There are also many aspects of Section 1 and 2 of the NHSS to which SRE can contribute, as illustrated on pages 6 to 17 of this support material.
Why promote SRE?

- Children and young people themselves have identified a need for SRE. During a recent consultation with young people carried out by the Sex Education Forum (see case-study, page 8) young people said they wanted:
  - factual information, before they start puberty, before they develop relationships and before they have sex;
  - to explore and develop skills such as how to be yourself in a relationship;
  - to think about and develop views on issues such as sexuality, contraception, sex before marriage and teenage pregnancy;
  - to think about what it means to be in a relationship, when the right time to have sex is, and other real life situations which they described as 'dilemmas'.

- SRE, PSHE and Citizenship can contribute to the development of positive self-esteem, help to reduce bullying and raise academic attainment.

- Parents want schools to provide SRE.

- The effective delivery of SRE can make a positive contribution to addressing national and local priorities including reducing teenage pregnancy and improving sexual health.

- There are statutory requirements and non-statutory guidance and government priorities that schools must address.

A summary of statutory requirements and non-statutory guidance and government priorities that schools must recognise in relation to SRE

Statutory requirements

- The revised National Curriculum (2000) is underpinned by a stated belief in education, at home and at school, as a route to the spiritual, moral, social, cultural, physical and moral development, and thus the well-being, of the individual. It has two broad aims that provide an essential context within which schools develop their own curriculum.

  Aim 1: The school curriculum should aim to provide opportunities for all pupils to learn and achieve.

  Aim 2: The school curriculum should aim to promote pupils' spiritual, moral, social and cultural development and prepare all pupils for the opportunities and responsibilities of life.

In summary these aims ensure that the curriculum enables pupils to develop the knowledge and understanding of their own and different beliefs within an equal opportunities framework. Pupils will be able to understand their rights and responsibilities; develop enduring values and their integrity and autonomy in developing respect for their environments and communities. It promotes pupils' self-esteem and
emotional well-being and helps them to form and maintain satisfying relationships. PSHE and Citizenship are central to achieving these aims.

- The SRE Guidance (2000) (see "non statutory guidance" below) is supported in legislation by the Learning and Skills Act (2000) which requires that young people:
  - Learn about the nature of marriage and its importance for family life and the bringing up of children;
  - Are protected from teaching and materials which are inappropriate having regard to the age and the religious and cultural background of the pupils concerned.

- The 1996 Education Act consolidated all relevant previous legislation. In summary:
  - The SRE elements in the National Curriculum Science Order across all Key Stages are mandatory for all pupils of primary and secondary age.
  - All schools must provide an up-to-date policy that describes the content and organisation of SRE provided outside the National Curriculum Science Order. It is the school governors' responsibility to ensure that the policy is developed and made available to parents for inspection.
  - Primary schools should have a policy statement that describes the SRE provided, or gives a statement of the decision not to provide SRE other than that provided within the National Curriculum Science Order.
  - Secondary schools are required to provide an SRE programme which includes (as a minimum) information about sexually transmitted infections (STIs) and HIV/AIDS.

Non-statutory Guidance

- In 1999 a national framework for Personal, Social, Health Education (PSHE) and Citizenship was published (QCA, 2000). The framework is non-statutory at Key Stages 1 and 2. At Key Stages 3 and 4 PSHE remains non-statutory but there is a statutory requirement for Citizenship from August 2002. This unified framework has four strands and provides a planning tool to assist schools in meeting the central aims of the National Curriculum through a holistic approach to PSHE and Citizenship.
  - The four strands are:
    - Developing confidence and responsibility and making the most of their abilities
    - Preparing to play an active role as citizens
    - Developing a healthy, safer lifestyle
    - Developing good relationships and respecting the differences between people
  - SRE is one aspect of this holistic approach and will need to be integrated into a broad and balanced PSHE and Citizenship programme.

- In July 2000 the DfEE published SRE Guidance 0116/2000 to replace the previous circular, 5/94 to enable schools to deliver SRE as part of PSHE and Citizenship and within a healthy school context. This is non-statutory guidance underpinned in legislation by the Learning and Skills Act (2000) (see above).
In summary:

For Primary Schools, the SRE Guidance

- recommends that schools have a SRE programme tailored to the age and the physical and emotional maturity of children and that all children should learn about the emotional and physical changes of puberty before onset;
- requires schools to have a policy statement describing SRE and recommends schools to make a statement of any decision not to provide SRE outside the National Curriculum;
- states that SRE at primary level should contribute to the foundation of PSHE and Citizenship by ensuring that all children:
  - develop confidence in talking, listening and thinking about feelings and relationships;
  - are able to name parts of the body and describe how their bodies work;
  - can protect themselves and ask for help and support; and
  - are prepared for puberty.

With this foundation it is expected that children and young people will develop the skills and confidence to enable positive discussion about sexuality and sex and relationships as they get older.

For Secondary Schools, the SRE Guidance

- requires provision of an SRE programme which includes, as a minimum, information about STIs and HIV/AIDS and law provides that schools should have an up-to-date policy describing the provision of SRE;
- states that at secondary school level, SRE should prepare young people for an adult life in which they can:
  - develop positive values and a moral framework that will guide their judgements, decisions and behaviour;
  - be aware of their sexuality and understand human sexuality;
  - understand the arguments for delaying sexual activity;
  - understand the reasons for having protected sex;
  - understand the consequences of their actions and behave responsibly within sexual and pastoral relationships;
  - have the confidence and self-esteem to value themselves and others and respect for individual conscience and the skills to judge the kind of relationships they want;
  - communicate effectively;
  - have sufficient information and skills to protect themselves and, where they have one, their partner from unwanted conceptions and sexually transmitted infections, including HIV;
  - avoid being exploited or exploiting others;
  - avoid being pressured into unwanted or unprotected sex;
  - access confidential sexual health advice, support and if necessary treatment;
  - know how the law applies to sexual relationships.

Children and Young People with special educational needs whether in mainstream or special education have the same needs and rights to SRE. Special schools may need to make separate arrangements for primary and secondary aged children.

Parents have the right to withdraw their children from SRE that is provided outside the National Curriculum Science Order (less than 1% of parents do withdraw their children).

All OFSTED inspections (primary, secondary, special, Pupil Referral Units) will cover the establishment, implementation and monitoring of SRE policies, and practice in SRE will be surveyed in a significant number of schools.

The Teenage Pregnancy Unit and DfEE are discussing a potential target in relation to all schools having a trained and accredited teacher leading the SRE programme of work across each school.
The Teenage Pregnancy Report produced by the Social Exclusion Unit in June 1999 outlined two main goals:
- Reducing the rate of teenage conceptions with the specific aim of halving the rate of conceptions among under 18s by 2010.
- Getting more teenage parents into education, training or employment, to reduce their risk of long term exclusion.

The NHS Plan outlines the following targets:
- 15% reduction of conceptions among under 18s by 2004
- Locally 40-60% reduction targets agreed by 2010 with Teenage Pregnancy Unit reflecting inequalities between authorities with highest and lowest rates of teenage pregnancy

(visit the following website for more information: http://www.nhs.uk/nationalplan/npch13.htm Para 13.16)

The Government is developing a new sexual health and HIV prevention strategy to improve access to and links between services, to introduce new screening programmes, to spread good practice and to ensure standards for primary and secondary prevention.

The evidence base for Sex and Relationship Education

In developing the Teenage Pregnancy Strategy the Social Exclusion Unit commissioned a review of the evidence as to what works in SRE. This review provides a research base from which to develop SRE for all children and young people. Conclusions of the review are listed in Appendix 1 and are reflected in both the whole school approach promoted by the NHSS, and in the NHSS minimum criteria for SRE.

Working in partnership on issues to do with SRE at a strategic and operational level (Section 1 of NHSS)

- Linking to other relevant initiatives (NHSS Standard 1.1 d and e)
  In terms of SRE, local healthy schools programme co-ordinators should ensure links are made with: local teenage pregnancy co-ordinators, specialist health promotion advisers, quality protects officers, school nurses, youth workers and representatives from statutory and non statutory agencies including relevant sexual health services, family planning services, HIV organisations, community and religious organisations. An example is provided below of how one healthy schools programme has created these links. Appendix 2 provides information about how to contact local teenage pregnancy co-ordinators and quality protects officers.

Camden and Islington Sex Education Forum provides a good example of an umbrella group set up to provide an overview of sex education in local schools and to help develop a co-ordinated strategy locally. The forum was set up in 1998 and now includes teachers, school nurses, LEA Advisory Teachers, health promotion staff, quality protects officers, HIV Policy Officers, a consultant and representatives from the youth service and local sexual health services and clinics. The forum provides strategic direction in relation to SRE within the local healthy schools programme and 'Healthy Schools' is a standing agenda item. The PSHE advisory teacher for Camden is part of the forum as well as being the local healthy schools programme co-ordinator. The Forum is separate from the Teenage Pregnancy Strategy group but reports to it and this group in turn reports to the Camden and Islington Children and Young People's Strategy Group of the Health Action Zone.

For further information contact Gill Morris, Advisory Teacher PSHE Camden LEA, Tel. 020 7974 8011

- Involving school staff in programme planning (NHSS Standard 1.2 a and b)
  Standard 1.2 of the NHSS Guidance requires local healthy schools programmes to involve school staff in programme planning. A case-study of how one programme has involved school staff in planning for SRE provision is provided over.
Staffordshire and City of Stoke on Trent Health Promoting School Scheme – an example of involving school staff in planning for SRE provision

Key features:
- demonstrates how local programmes might involve school staff in planning SRE provision (NHSS Standard 1.2; 3.5.1/2j)
- provides an example of how a local programme might share learning experiences with other schools (NHSS Standard 2.6)

Background
The Staffordshire and City of Stoke on Trent Health Promoting School Scheme has developed support systems and resources for the delivery of a number of the NHSS themes, including Sex & Relationship Education.

In February 1999 an SRE working group was set up consisting of representatives from:
- Teachers (cross phase) Staffordshire & Stoke on Trent LEA's
- Family Planning Premier Health NHS Trust
- Youth Service Stoke on Trent
- Health Authority Staff North Staffordshire & South Staffordshire
- Teacher Advisors Stoke on Trent LEA & Staffordshire Quality Learning Services

A decision was taken to provide SRE support to schools in the form of a local guidance document based on the NHSS minimum criteria for SRE and the DfEE Sex and Relationship Education Guidance.

The aim of the local guidance was:
- To help schools enhance their policy provision
- To help schools to deliver quality SRE, cross phase and integral to the new PSHE & Citizenship framework
- To provide a local perspective on support and services

Method
The scheme employed an independent consultant to facilitate development of the framework for the guidelines and to collate and write the final document.

Three 1-day sessions were held with the working group to undertake the groundwork and to review the draft document before the final version was produced for consultation. The level of expertise and practical input from all the group members ensured that the guidelines responded to teachers' needs for clear information on practice and policy.

Key outcomes
The final guidance document after editing consists of 40 pages of typed material. The working group took a decision not to publish a paper version of the document due to the continuing 'paper pressures' on teachers. Instead the final version has been made available via the Staffordshire & Stoke on Trent websites. The local guidance is intended to act as a reference document rather than be read from cover to cover.

The guidance was launched on the Staffordshire website as part of a larger launch of the PSHE/Citizenship website in November 2000. It was felt important that the close integration of PSHE/Citizenship and SRE were maintained even at the launch stage.

The Staffordshire web address is www.sln.org.uk (go to Teachers then Curriculum Zones and into SRE Guidance).

Following on from the launch a number of SRE dissemination sessions are being run to familiarise teachers with the website and to develop the SRE agenda with schools.
Development Work:
An added value to the project has been the work carried out by one of the secondary teachers who was on the working group. Since the launch of the document the teacher in question has completely revised her own schools SRE programme and is now working with other local schools to develop their SRE policy.

For further information contact: Peter Chell or Mary Dudley at Staffordshire & City of Stoke on Trent Health Promoting Schools Scheme, PSHE Centre, The Grove Primary School, Highfield Grove, Stafford. ST17 9RF Tel: 01785 356427 EMail peter.chell@staffordshire.gov.uk or mary.dudley@staffordshire.gov.uk

- Involving young people in programme planning (NHSS Standard 1.3a and b)
It is important for the education and health partnership to be responsive to young people's expressed needs and for the local programme to involve young people when developing the SRE element within a local healthy schools programme. Programmes should assess what local consultation processes are in place already and draw on these as a resource. However if consultation processes are not in place programmes may need to devise new processes for consulting with young people.

The Sex Education Forum undertook a consultation exercise with young people around sex and relationship education. A similar process could be implemented at local or school level to help inform SRE targets.

CASE-STUDY

Sex Education Forum and National Children's Bureau – an example of involving young people in the planning of SRE

Key features:

- provides an example of how to involve young people in the planning of SRE (NHSS Standard 1.3; 3.4.1/2 f 3.5.1/2)
Following this activity the young people decided they would like to write a 'Charter for Effective Sex Education' and a letter to the Minister for Education.

The whole event was recorded onto video and a 12 minute video tape, 'Please Minister, can we have better Sex Education?' was produced, capturing the main thoughts and ideas.

This model could be replicated at a local level or by individual schools for use at parents' evenings or governors' meetings. If video equipment is not available such a meeting could be audiotaped.

For further information please contact Simon Blake, Director of the Sex Education Forum, 020 7843 6052

○ Involving statutory and non-statutory agencies such as specialist sexual health services and community groups in the planning, delivery and evaluation of activities (NHSS Standard 1.4)

The evidence suggests that SRE will be most effective if it is well linked to sexual health services. Health professionals and teachers working together can share skills and offer each other support. Partnerships will also enable innovative approaches to sexual health service provision.

A Partnership approach

The Sex Education Research Project is a partnership project developed by the Health Promotion Service of Huddersfield NHS Trust, Kirklees School Effectiveness Service, teachers and school nurses.

The project was designed to develop a model which could overcome the barriers to implementing a comprehensive, developmental SRE programme in schools. It was shaped by a multi-agency group and good practice advocated by the Sex Education Forum. Initial funding was obtained by Calderdale and Kirklees Health Authority to pilot the projects.

The project is school specific and aims to support schools to develop a whole school approach to the planning, delivery and monitoring of SRE. It is informed by consultation with young people, parents, teachers and school nurses to ensure the programme is responsive to need and owned by all stakeholders. Training is available to increase the confidence and capability of those delivering the programme.

The project has been implemented in four high schools. Evaluation indicates it has facilitated a review of policy and programmes, improved planning and content of SRE and developed the confidence of teachers delivering it. Initial feedback with students in two of the schools indicates improvement in the delivery of SRE.

The future vision is that the programme will be implemented in all Kirklees high schools. It will help them deliver on the SRE Guidance 0116/2000 and within the Personal, Social and Health Education and Citizenship Frameworks, as well as meeting the minimum criteria set within the NHSS. It will also contribute towards achieving the objectives set out in the local teenage pregnancy strategy.

For further information contact Colette Hallas, Huddersfield Health Promotion Unit, 01484 344 286
Establishing systems to deliver effective SRE services to schools (Section 2 of the NHSS)

- Equalities issues (NHSS Standard 2.1)

Standard 2.1 of the NHSS Guidance requires healthy schools programmes to consider equalities issues in their planning, delivery, monitoring and evaluation.

There are a number of ways that programmes might choose to consider equalities issues in relation to SRE.

Some programmes have used Teenage Pregnancy data to inform their local recruitment strategy, the rationale being to proactively recruit schools that fall in geographical localities or wards where there is a high prevalence of teenage conceptions. The Calderdale Healthy School Award, for example, uses data supplied by the Office for National Statistics on "Teenage Conceptions 1992-97" to identify wards that have high numbers of conceptions for under 16s and under 18s. This data is used in conjunction with data from other sources to identify schools that are prioritised for recruitment and schools that are targeted to receive additional support from the healthy schools team.

Other programmes have proactively engaged with particular religious and community groups to ensure that SRE provision is appropriate and responsive to their particular needs.

Programmes might want to consider how factors such as ethnicity, gender, sexuality, disadvantage, religion and special educational needs - including the needs of looked after children - inform their provision of SRE. The following case-studies provide examples of how a number of these issues are being addressed by some local healthy schools programmes. The case study on page 22 provides an example of engaging vulnerable young people and those disaffected by schools in SRE.

**CASE-STUDY**

**Kirklees - Developing a policy framework for sex education within an Islamic perspective**

**Key features:**
- provides an example of how a local programme is addressing the needs of the Islamic population in relation to SRE provision in schools (NHSS Standard 2.1)
- illustrates how a local programme is involving representatives from the local community in planning, delivery and evaluation of SRE (NHSS Standard 1.4)

**Background**

It became apparent in Kirklees that in some schools - particularly those in the north of the borough - the provision of sex and relationship education was inadequate. Some school governing bodies were reluctant to embrace sex education because of a belief that the education on offer would be inappropriate and culturally insensitive to the Islamic population within their schools.

**Method**

In order to address this, the PSHE adviser worked alongside an Asian Moslem male colleague from the community education service section of the LEA, and an Asian Moslem female colleague from a sexual health project funded by the local health authority. The value of having two such highly respected and extremely competent colleagues cannot be over-emphasised.

The aim of the project was to produce a sex and relationship policy document acceptable to the needs of governing bodies of schools with significant numbers of Moslem pupils. The policy had the twin aims of:
- Valuing and explaining to pupils what Islam says about sex and sexual behaviour
- Helping to prepare pupils for life in a pluralistic and multi-cultural society

In order to achieve these aims a decision was made to set up two separate male and female working parties drawn from the local communities of Batley and Dewsbury. In order to recruit volunteers to these working parties, advertisements were placed in the local papers and arrangements made to pay a small honorarium to those who
volunteered to participate in the project. Focus groups were also carried out with Moslem pupils in local primary and secondary schools to find out their current experience of SRE and to identify their needs.

Challenges
The two working parties met quite late in the evening, usually because the muftis and other community leaders were involved in madressahs until 8.00pm. One of the difficulties initially was the irregular attendance at the working parties and this tended to slow progress. However, a small core group began to emerge and they considered and amended draft policy and curriculum statements suggested by the PSHE Adviser. The group also helped to adapt and develop lesson plans covering the more sensitive issues in each Key Stage.

A local institute of Islamic scholars in local mosques gave long hours and great care to reviewing the policy and lesson plans.

Future plans
The local programme is now consulting with the wider Moslem communities in Kirklees before taking the proposed policy to the Local Education Committee. Once it has been endorsed there are plans to provide in-service training for teachers.

The PSHE Advisor views the whole process as having been ‘very enjoyable, with good relationships begun or enhanced.’

For further information contact Colin Noble, PSHE Adviser, Kirklees LEA, The Deighton Centre, Deighton Road, Huddersfield HD2 1JP, 01484 225790.

CASE-STUDY

Hammersmith and Fulham – Addressing SRE for pupils with Special Educational Needs

Key feature:
- Illustrates how a local programme might support Special schools in taking a whole school approach to SRE (NHSS Standard 3.1; 3.4.1/2; 3.5.1/2)

Background
Heathermount is developing as a mixed specialist school for students aged 10-19 whose special needs place them within the high functioning Autistic or Aspergers Spectrum. All students share a common cluster of underlying difficulties of social interaction, communication and lack of flexibility of thought demonstrated through obsessive-compulsive difficulties. Some children may also experience additional motor co-ordination and organisational difficulties.

The specialist curriculum at Heathermount is designed to address these areas. The emphasis on body awareness, personal and social education and vocational training, through activities to enhance skills in the key areas of impairment and adaptation of the environment, enable students to achieve independent success.

The 1998 Ofsted Report commented on the school’s very good partnerships with parents, its excellent ethos, high quality teaching across the school, very good leadership and warm and friendly environment.

The school brochure includes the following statement in relation to SRE:

'We acknowledge that all our students have a sexual identity and a right to an appropriate sex education, which will prepare them for a safe and responsible adult life.'
and also states that:
'The education of young people is shared between students, parents and teachers. Regular communication between the school and the family ensures that a close partnership is maintained.'

Context
The staff at Heathermount identified that some students were displaying very inappropriate sexual behaviour. There were particular problems with students who had little or no speech. After consulting with the governors, the advice of the inspector for PSHE was sought and through discussion with the head teacher a series of workshops for governors, staff and parents were arranged in order to review and develop the sex education policy.

A staff meeting was held at which staff identified strengths and weaknesses of current SRE provision within the school. They also discussed what they found easy and difficult to address when delivering SRE. An analysis was done of strengths and weaknesses in working with the students. One of the strengths was use of Body Books with individual students. Each student has one and it records his or her development over the time at the school. A session was held for parents and carers and discussions held with them on suitable strategies for working with the students and links with the home.

At the same time bids were invited from the Regional Health Authority for Healthy Alliance grants. In conjunction with the local Health Promotion Agency and the school, a bid was submitted to develop the work at Heathermount. This was successful and £10,000 awarded.
A consultant was hired to work with the school to develop the sex education policy and a resource based on the Body Book to support the work. The consultant worked with all governors, staff, parents and carers.

Outcomes
The school governors reviewed their SRE policy. Feedback from parents has been extremely positive - they comment that their sons and daughters are now more aware of appropriate sexual behaviour. The results of the work were presented at a national conference held annually by the school to share good practice.

Heathermount is working with the Hammersmith and Fulham Health Promoting School Scheme and have prioritised a need to continue work on SRE. Two members of staff from Heathermount and the inspector for PSHE attended a conference on SRE organised by Lambeth, Southwark and Lewisham Healthier School Partnership. The conference included a workshop on the use of puppets to enhance SRE and the learning from this was then disseminated via a workshop for staff at Heathermount using a small grant from the Hammersmith and Fulham Health Promoting School Scheme. The local Healthy School Scheme is planning a continuing programme of support for Heathermount including holding a series of workshops for staff to discuss staff health and raising self-esteem for staff and students.

For more information please contact Jan Goulstone, Co-ordinator of Hammersmith and Fulham Healthy School Scheme, Tel 020 8576 5470, Email jan.goulstone@hafed.org.uk
Teaching SRE in a Roman Catholic Primary School – an example from Tower Hamlets

The Head Teacher from a Roman Catholic Primary School in Tower Hamlets reports on how SRE is delivered within her school:

"In the summer term in Year 6 we do a ‘mini topic’ called growing up. At the outset we write to parents seeking their permission, outlining what the content will be and most important of all encouraging them to discuss this topic with their children before the lessons.

We establish ground rules and context:
- laughter is OK but we laugh with each other and not at each other
- some questions that may be asked can be discussed by the group as a whole, others will require a more confidential reply and others are for discussion with parents - the teacher decides which question is which
- we set the work within the context of the work that pupils have already done in science on the body
- most important of all we explicitly refer to the miracle of life and the gift of life we have been given, ‘everything in the curriculum is holy and relates to God’ - SRE in particular
- we also set the work in the context of our mission statement which is based on the 5 principles of the Common good in education
- ‘awe and wonder’ are never far away in this work

Content
We begin with an ice breaker - naming body parts, sexual and not. It is amazing, even the most street wise will not get them all right, or muddle up male and female.

A video is used as a starting point but the medium of learning is then through discussion in small groups or as a whole class. The following are addressed:
- puberty
- menstruation
- marriage as an ideal, being sensitive to the family composition of the children
- childbirth
- parenting

Evaluation
At the end of the course the children fill in an evaluation sheet and write down if they wish to discuss any issues with their parents. They take this sheet home and I am reliably informed that it does facilitate discussion.”

For more information contact: Janet Sheehan, Headteacher, St Anne’s Roman Catholic Primary School, Tower Hamlets.
Supporting schools to recognise legal requirements, non-statutory guidance and government priorities including examples of good practice and sources of appropriate support (NHSS Standards 2.2 and 3.3)

Local programmes can recognise and draw on examples of good practice, via a variety of routes:

- the Department of Health's school nurse practice development toolkit. The toolkit aims to:
  - provide information about the child-centred public health role for school nurses outlined in 'Making a Difference' (1999, Department of Health)
  - identify principles of good practice
  - offer suggestions for developing new ways of working

The toolkit can be accessed via the following website address www.innovate.org.uk. It should help school nurses and health visitors to focus their work in line with local and national health priorities such as reducing teenage conceptions.

- the Sex Education Forum Information Service. This comprises of a database set up to share examples of practice (see Appendix 5 for details of how to contact the SEF)

Local programmes can provide opportunities for schools to understand the SRE Guidance (0016/2000) and the role of SRE in contributing to local and national priorities of reducing teenage pregnancy rates and improving sexual health.

Possible routes could include:

- Providing briefing summaries on the Teenage Pregnancy Strategy and the SRE Guidance. These could be provided in collaboration with the local Teenage Pregnancy Co-ordinator and be made available via the programme's website (see Staffordshire and City of Stoke on Trent case-study page 7). Alternatively cluster meetings of schools involved in the programme could be themed, with one focusing upon sex and relationship education. Briefing summaries or existing publications (see below) could be used as a positive starting point to facilitate discussion and share good practice/help build confidence.

- Disseminating existing relevant publications such as the NHSS newsletter (Autumn 2000 edition themed on SRE) and the Sex Education Forum factsheets for Primary and Secondary Schools (see Appendix 5). These make explicit links to the policy frameworks for SRE. A factsheet for Special Schools will be available from Summer 2001.

- Holding seminar events such as those organised by the Family Planning Association (fpa) in collaboration with the Sex Education Forum. These could be organised locally in collaboration with the Local Teenage Pregnancy Co-ordinator, the Quality Protects Co-ordinator and Health Promotion.

Middlesbrough Healthy Schools Team contracted the fpa to run a one day seminar entitled 'Understanding the new Sex and Relationship Education Guidance'. They brought together a multi-disciplinary group of professionals including school nurses, Theatre Project Director, Teenage Pregnancy Co-ordinators and teachers from primary and secondary schools and workers from the Health Action Zone. Positive links were made and evaluations suggested that professionals felt more confident in understanding the implications of the Guidance.
Presentations and workshops at local programme conferences. One local programme held a conference to launch its healthy schools programme and ran workshops providing inputs on the NHSS themes. A presentation was made on the importance of SRE followed by a workshop in the afternoon that explored ways the local programme could support schools in developing SRE.

Raising awareness of the Wired for Health website (www.wiredforhealth.gov.uk). This website provides information and support for teachers in delivering a range of health topics including SRE. It also provides an opportunity for sharing good practice examples. Wired for Health also links to four other websites in the series containing information and interactive activities for pupils at each Key Stage. Welltown (www.welltown.gov.uk) is aimed at Key Stage 1 pupils; Galaxy-H (www.galaxy-h.gov.uk) is aimed at Key Stage 2 pupils; Lifebytes (www.lifebytes.gov.uk) is aimed at Key Stage 3 pupils and Mind Body and Soul (www.mindbodysoul.gov.uk) is aimed at Key Stage 4 pupils.

Organising local training to increase the confidence and skills of teachers (see case-study page 15).

- Building the capacity and capability of local programmes to deliver agreed services to schools (NHSS Standard 2.3)

The local programme must be able to demonstrate it has the capacity and capability to deliver agreed SRE services to schools. Standard 2.4a includes a requirement to recruit and retain all schools, including the independent sector. Examples are provided below of how one programme had to adapt its provision of SRE in light of a reduction in budget and staffing levels, and how in the South West region, school nurses are playing a key role in working with independent schools on SRE.

---

**CASE-STUDY**

**Sexual Health and Relationship Education (SHARE) in North Cumbria**

**Key features:**
- Demonstrates how a local healthy schools programme has considered its capacity and capability to deliver SRE services to schools (Standard 2.3, 3.5.1/2)
- Provides an example of how a local programme has developed an SRE training programme for teachers

**Background**

For many years in North Cumbria, the Health Development Unit had planned and co-ordinated the delivery of 'Keeping Sex Safer' (KISS) workshops to young people in schools and community groups. Staff changes and funding restrictions meant the Unit no longer had the capacity to continue to provide this level of service and it became necessary to review SRE provision to schools.

In order to build the capacity for SRE locally the education and health partnership offered a three-day in-depth training event to all secondary schools. The training aimed to provide participants with information, learning experiences and resources to support their work in the classroom, raise confidence and encourage the development of teacher expertise in delivering SRE.

The objectives were:
- To update knowledge of STIs, contraception and group identified ‘sensitive issues’
- To share good practice, with particular learning from the KISS workshops
- To raise awareness of available local agencies and how they could help
- To support implementation and action planning
- To develop a support network
Methodology
The LEA paid cover for one member of staff from each school and some schools chose to pay for a second member of staff to attend so that a team approach could be developed within the school.

The three days included presentations from local agencies and specialists ranging on subjects from confidentiality and hepatitis to working through tried and tested exercises and techniques covering all aspects of sexual health and relationships; and developing teaching programmes and lesson plans around teenage pregnancy.

Each participant was given a comprehensive resource pack containing lesson plans, information updates, contact names and addresses, as well as a certificate rewarding commitment and good practice.

Monitoring the impact of training. Participants were asked to complete pre-course questionnaires to provide benchmarking for evaluation. They also wrote personal memos that were sent to them at the beginning of the new school year.

Evaluations immediately post-course exceeded expectations. Everyone appreciated three consecutive days as this enabled a deep exploration of the issues. People reported feeling energised and empowered.

Six months post-training a follow up session indicated that enthusiasm had been maintained. The materials had been used with great success and this had subsequently increased teacher confidence. One very experienced teacher reported that her relationships with pupils and teaching across all areas of SRE had been improved beyond recognition.

For further information, contact Jan Clarke, Advisory Teacher, Healthy Schools Co-ordinator, Health Development Unit, Workington Infirmary, Workington, Cumbria, CA14 2UN, Tel 01900 602 244 x 2041

Working with independent schools (NHSS Standard 2.4a)
A group of school nurses in the South West region have been keen to work alongside and support the school nurses that work in independent schools. A study/training day for all local independent school nurses was arranged through the ‘adult health and reproductive services’ (family planning). This training covered different aspects of young people’s sexual health and included looking at curriculum planning for SRE. It was very popular and there are plans to repeat it.

A couple of independent schools have approached the school nursing service to request teaching support for PSHE. Support has been provided in return for payment for the service - an arrangement that has worked for other services such as the family planning service. In terms of sustainability the plan is to train up the schools’ own nurses and to provide a forum where nurses can continue to meet up and support each other.
Drawing on data to inform programme monitoring and evaluation (NHSS Standard 2.5)

The Health Education Authority produced a short, critical guide to the local and national quantitative data that are generally available and can be used when planning and monitoring sexual health services and local activities. This guide, entitled: Sexual Health in England: a guide to national and local surveillance and monitoring data is available from the following website http://www.hda-online.org.uk/nhpis/ and can be downloaded.

School nurses are developing school health plans that provide information that is very specific to a locality, school or even year group. In targeting particular year groups school nurses are able to contribute valuable data for informing SRE provision, as well as informing the provision of relevant local health services. School health plans can also make a valuable contribution to an overall community health needs assessment - strengthening the link between healthy schools and Primary Care Groups/Trusts and connecting health improvement programmes to healthy school targets. An example is provided below to illustrate how the school nursing service in the Wirral worked in consultation with students and statutory and non statutory agencies to develop a lifestyle questionnaire targeted at year 10 students. Data from the survey is being used to inform the planning and delivery of PSHE programmes, including SRE.

Wirral School Nursing service aims to deliver a service that is appropriate to young people and one which addresses inequalities in health. School nurses work closely with the Local Education Authority, contribute significantly to PSHE programmes in schools and undertake joint training with teachers. In January 2000 the school nursing service received Health Authority funding to undertake a lifestyle survey of all Year 10 students. A questionnaire was developed in consultation with local agencies involved with the health and welfare of young people. A focus group of young people also contributed significantly to the development of the questionnaire. Areas covered in the survey included sexual health, self esteem/mental health, alcohol and drugs and prospects for the future. The survey includes a question asking at what age young people should receive information about safe sex and contraception.

All but two schools in the LEA took part in the study, thus the data - which will be available in April 2001 - will provide a useful insight into the lifestyles of young people in the Wirral. It will also provide individual school lifestyle data. This will enable both the PHSE programme to be planned appropriately and a school nursing action plan to be developed that meets the needs of the individual school.

For more information contact Sue Edwards, School Nurse Manager/Innovation Lead Nurse, Wirral Hospital Trust, Child Health Department, St Catherine’s Hospital, Church Road, Birkenhead CH42 0LQ, 0151 604 7343

Sharing experiences to inform improvement and development of healthy schools activities (NHSS Standard 2.6)

Local programmes are encouraged to share experiences with partners, other schools, local communities and the National Healthy School Standard team/network. In relation to SRE this could include for example:

- Developing a local SRE support network as in the example of North Cumbria
- Using a local newsletter or the NHSS newsletter to disseminate examples of working practice
- Using the local programme website to share ideas and practice
- Contacting the NHSS team at the Health Development Agency to share an example of good practice to be disseminated to other programmes via the Wired for Health website
- Contacting the Sex Education Forum Information Service to share an example of good practice to be placed on a database so that others can find out about and benefit from other programmes’ practice
Examples of how local programmes can support schools to address the whole school approach in relation to SRE (Section 3 of the NHSS)

This section provides examples of the kind of support local programmes might offer to help schools address a whole school approach when working on SRE. The information is structured against each of the NHSS minimum criteria for SRE.

- "the school has a policy which is owned and implemented by all members of the school including pupils and parents and which is delivered in partnership with local health and support services"

All aspects of the whole school approach apply to addressing this criteria – leadership, management and managing change; policy development; curriculum planning and resourcing including working with external agencies; teaching and learning; school culture and environment; giving pupils a voice; provision of pupils' support services; staff professional development needs, health and welfare; partnerships with parents/carers and local communities and assessing, recording and reporting pupils' achievement.

Local healthy schools programmes can support schools by helping them to carry out an audit of existing provision and to review their policy and programme in the light of the new SRE Guidance. Pages 27 to 28 provide examples of indicators that might be used for monitoring progress against each of the minimum criteria for SRE within the NHSS. These indicators could also be used to provide the basis of an audit tool.

Appendix 3 (a) offers a policy development and review checklist.

Appendix 3 (b) offers a model framework for a SRE policy.

The healthy schools programme can help to ensure that schools are aware of local and national organisations that can support the development of SRE. Appendix 4 lists some national organisations that can form the basis of a 'support directory' for schools.

Local programmes can support schools by providing a range of continuing professional development opportunities for school staff around SRE policy development.

Training on SRE policies - teachers and governors working together
In Camden and Islington the new SRE guidance has been the impetus for joint training between PSHE Co-ordinators to help develop policy. The aim of the training day is to enable schools to produce or update their SRE policy in line with the new guidance from the DfEE. By working together governors and teachers are able to understand the issues in reviewing their current policies, involving and consulting parents, staff and pupils and teaching SRE within the PSHE and Citizenship framework, from their different perspectives. Schools involved in the training day are offered follow-up INSET and support for their governors and staff in developing the policy. As a result of the training governors had a greater understanding of the issues faced by teachers and felt more able to approach the staff and get the policy work going.

For more information contact Gill Morris, Advisory Teacher PSHE Camden LEA, 020 7974 8011
Local programmes can also support schools in providing information around pupil support services:

**CASE-STUDY**

**Kent - Provision of pupils' support services and giving pupils a voice**

**Key feature:**
- Illustrates how a local programme has worked with young people to make appropriate information available to them about local sexual health support services (NHSS whole school approach f and g)

The East Kent Community NHS Trust run a number of 'clinics' for young people where they can access help and advice on issues of sexual health. These clinics are known as 'Choices 4 Young People' and teachers and schools are informed of the services through the distribution of leaflets, 'credit cards' and posters. In addition, a website (www.choices4youngpeople.co.uk) has been written with details of all the services together with links to other sites for young people to access the information they want.

The leaflets and 'credit cards' were produced as a result of extensive consultation with young people. Several months were taken to talk with different groups of young people to find out what information they wanted on the leaflets and what it should look like. The young people were given a free hand with regard to colour, shape, size and wording, with the only proviso being that no obscene words were allowed on the leaflets as they were to be partly distributed through schools!

The process of design took 6 months and included over 8 drafts, before the young people were in agreement. The young people also suggested the idea of a 'credit card' with telephone numbers on to hide easily in a pocket.

The colours have proved very popular and are now part of the 'corporate identity' of all sexual health/sex education support for young people in East Kent (school teaching support packs; posters; signs for clinics; web-site).

Schools are offered as many copies of the leaflet and 'credit card' as they like, but it is emphasised that distribution should be backed up by input from a school nurse or health promotion specialist. This backup support allows for a more in depth explanation to be provided about what local services exist and how these services are an integral part of effective SRE.

Following consultation with schools, pupils are also offered a letter for parents (signed by the health authority) to be distributed with the leaflets that explains the purpose of the leaflet and the fact it is 'good practice' to inform young people about local services. Schools found this to be a useful way to help avoid any potentially negative parental reaction.

The leaflets have also been widely distributed to a range of organisations and settings that work with young people.

Many schools now display the posters in common rooms and in other areas of the school and the leaflets are available in several school libraries.

For further information, please contact Grant Biddle or Karen Abel at the East Kent Health Promotion Service, Nunnery Fields Hospital, Canterbury, Kent, CT1 3LP 01227 864168
Local programmes can support work with parents around SRE:

**CASE-STUDY**

Sefton – Working with parents on SRE

Key feature:
- illustrates how a local programme has worked in partnership with parents/carers on SRE (NHSS whole school approach)

Rowan Park Special School in Sefton reviewed SRE as part of their participation in the local healthy schools programme. They undertook an audit of their curriculum and revised their schemes of work. The school worked with parents to ensure a home/school partnership and confidence in school based SRE. A pack including examples of some of the work the children would do and a summary of the policy were made available. Copies of the fpa resource, 'Talking Together... about growing up' were purchased for each class to lend to their parents.

A termly 'Health Matters' newsletter and 'Health' coffee mornings are established initiatives. The coffee morning was used for two workshops for parents. The parents were supportive of the school's work and were looking for guidance in coping with their children's developing sexuality and sexual behaviour. As the children travel to and from school in LEA transport there is no 'school gate community' and parents found it extremely useful to meet and talk with other parents sharing similar experiences.

They have decided to produce their own materials to support other parents in meeting the sexual health needs of children and young people with severe learning disabilities (publication is being funded by the Health Authority.) The programme is being successfully implemented and the booklets are scheduled to be ready by Summer 2001.

For further information please contact Gill Perry, Sefton LEA, 0151 285 5055

---

Parents Together is a group of trained parent peer educators in Sheffield who offer support to other parents on talking to their children about sex and relationships. They have worked with schools to provide an input about the importance of sex and relationship education to parents' evenings. Following the input parents are free to ask questions of Parents Together. Involving parents in this way builds the confidence and support of other parents for well developed SRE policy and practice. Local Healthy Schools programmes could replicate this model of practice enabling the involvement of parents at both the programme level and in the support that is offered to schools.

For further information contact Liz Wilson c/o Sheffield Centre for HIV and Sexual Health, 22 Collegiate Crescent, Sheffield S10 2BA, 0114 226 1900
the school has a planned sex and relationship education programme (including information, social skills development and values clarification) which identifies learning outcomes, appropriate to pupils' age, ability, gender and level of maturity and which is based on pupils' needs assessment and a knowledge of vulnerable pupils.”

Aspects of whole school approach that apply to this criteria – curriculum planning and resourcing including working with external agencies; teaching and learning; giving pupils a voice.

Local healthy schools programmes can support schools by providing advice to facilitate curriculum planning and resourcing and working with external agencies (see section c of whole school approach, page 13 of NHSS Guidance).

Examples of how programmes might address this include:

Supporting schools to develop schemes of work which identify pupils' learning outcomes

The Sex Education Forum Factsheet 23 (see Appendix 5 for details of how to order SEF factsheets) provides a summary of how SRE at key stages 3 and 4 can be interpreted within National Curriculum Science and the PSHE and Citizenship Framework and identifies intended learning outcomes. This summary could be used as the basis of supporting schools to consider how they might plan an SRE programme.

Signposting schools to a range of resources that exist

Local healthy schools programmes can help signpost schools to appropriate resources including a range of teaching resources – books, videos and workbooks and guidance materials for the delivery of SRE. Appendix 5 references the list of factsheets available from the Sex Education Forum.

Providing guidance to schools in developing and implementing a code of practice for working with external agencies.

The Sex Education Forum has developed a factsheet entitled ‘Guidelines on the effective use of outside visitors in school sex education’. This is currently being revised, however a copy of the existing factsheet is available from the Sex Education Forum (see Appendix 5).

CASE-STUDY

Providing a safe and supportive school culture and environment for teaching and learning about SRE

Key feature:
- Illustrates the importance of a safe and supportive teaching environment (NHSS whole school approach d)

Judy Whitmarsh, a school nurse and head of PSHE at an independent primary school, provides an account of how a safe and supportive environment can be important when promoting SRE:

Year 4 arrive in the PSHE room for their first timetabled lesson; until now all PSHE has been cross-curricular and organised by their class teacher although part of the planned whole-school curriculum. The 8-year-olds nudge their way in, pointing out the multilingual welcome signs as they find a seat around one of the small tables. The room, used only for PSHE, overlooks the sunless backyard but buttercup yellow translucent café curtains filter the light and lessen the distractions of delivery lorries and wet washing. The walls are lined with noticeboards backed with primary coloured paper and the children have
created the bright displays. Fluorescent card is much in evidence. There is no teacher’s desk, no obvious signs of ‘them and us’, just shelves holding resources, each pupil’s exercise book, and writing materials. Time is too valuable to waste searching for forgotten pens. Each class, from Years 4-8, will begin by discussing, voting for, and creating their ground rules. The ethos runs through all PSHE and includes respect for self, respect for others and no put-downs. Here, your views are respected, you are listened to, you will be nurtured and valued. Some of your behaviour may be challenged but bad behaviour is more likely to be ignored and your positive behaviour will be rewarded. Termly certificates and stickers motivate Years 4, 5 and 6 and, by the end of the year, each child will have an award; positive becomes the norm. Individual pupil profiles record the development of skills and allow for consideration of learning constraints which may be educational, physical, emotional or behavioural special needs. The profiles allow for the targeting and encouragement of skills in all areas, for example self-esteem, resisting negative peer pressure, keeping on task or even on a chair. Classes regularly evaluate the programme and their views about information and learning are taken into account. There are no secrets, the pupils know what they will be learning and discuss whether or not they find it useful. Sex education raises no eyebrows and triggers few giggles. The information may be new but the values, attitudes and skills have been encouraged since the nursery class. Circle Time, health and drugs education, multicultural studies, communication skills, and personal development have all contributed to a safe and supportive environment. Add to this clear cut policies for sex education, confidentiality, and visitors, and the support of the management, parents and governors and you see why sex education at Moor Park is nothing special, just a small part of our way of life.

For further information contact Judy Whitmarsh, School Nurse Counsellor, Moor Park, Ludlow, Shropshire, SY8 4DZ, 01584 872342, email moorpark.staff@netmatters.co.uk

**CASE-STUDY**

Engaging vulnerable young people and those disaffected by schools in SRE and working with parents

**Key feature:**
- demonstrates how a school nurse has developed and used an innovative resource for engaging vulnerable young people in SRE (NHSS whole school approach d) and how this resource has also been used to work with parents on SRE (NHSS whole school approach i)

**Background and rationale**
Viv Crouch works as a school nurse in Bath. She has developed an interactive game and has used it extensively in a range of settings to teach SRE, including schools, with young offenders and in a youth setting with groups of boys and girls who are out of mainstream school because they are disaffected.

The thinking behind the game developed out of a desire to engage young people, especially vulnerable young people or those disaffected by schools in SRE. The rationale was to provide young people with opportunities not only to acquire knowledge about sexual health and how to access services, but also to explore the more detailed aspects of getting young people of all ages and backgrounds talking about sex, attitudes and feelings. Previous experience of working with young people had highlighted the fact that by involving them in a game that has a competitive element to it often allows young people to be far more communicative.
Method
The game works as follows:

- the larger group is split into smaller groups of 4 or 5 and they choose a name for their team and are given a dice. There are 6 categories of questions corresponding to the numbers on a dice: dilemmas; situations; consequences; potluck; question and answer; true and false.

- ground rules and the rules of the game are established (working with both young offenders and with disaffected young people it is important to make sure that are very clear about the rules of the game and you stay in charge!) However informality and humour is important.

The types of questions included in the game can convey a vast array of information and can involve role-play or mime. For example: You would like to be able to talk to your mum about going on the pill. Choose somebody to role play a conversation with you and your mum.

One of the potluck questions might be: Explain to somebody who can't speak English what a condom is and how to use it!

Examples of other questions, include:
A friend of yours was raped when she came out of a club, she hasn't told anybody. Do you think that she should?

What might the consequences be if you had sex with your best friend's boy/girl friend?

Application and evaluation
In addition to working with young people, the game has also been used with a group of about 60 parents in a Sex and Relationship Education Workshop. Such workshops form part of a series offered to parents on issues such as drugs and parenting adolescents and are run by school nurses, sometimes in conjunction with a PSE teacher. The workshops aim to involve different individuals from the local community in order to convey the fact that the school is part of a larger community. For example a local GP was invited to participate in the SRE workshop for parents and spoke about her responsibilities which include keeping confidential any appointment she might have with a young person.

Evaluations provided by both parents and young people have underlined the value of the game. From the parents' perspective it has helped them to understand what their children are being taught, as well as providing an opportunity for them to update their own knowledge, talk with other parents as well as appreciating some of the dilemmas that young people today are facing.

For further information, contact
Viv Crouch, 6 Stoke Mead,
Limpley Stoke, Bath, BA3 6JX,
01225 723293
"staff have a sound basic knowledge of sex and relationship issues and are confident in their skills to teach sex education and discuss sex and relationships"

Local programmes can support staff to develop their knowledge of sex and relationship issues and build confidence in their skills to teach and discuss sex and relationship education through training. An example is provided below of how one local programme has approached this.

**CASE-STUDY**

**Lambeth, Southwark and Lewisham - Sex, Love and Video Diaries; the development and dissemination of a sex education resource**

**Key feature:**
- illustrates how a healthy schools programme has worked in partnership with health and education colleagues and pupils to develop a resource which has been used to help train school staff in effective SRE (NHSS Standard 1.1; 3.4.1/2; 3.5.1/2)

**Context & rationale**

The London Borough of Lewisham has high levels of deprivation and together with Lambeth and Southwark has the highest rate of teenage pregnancy in England. The borough also has high rates of HIV infection and other sexually transmitted infections.

There had been a history of effective collaborative work between health and education and the council supported a cross-directorate Healthy Lewisham initiative. Several successful bids were made for small amounts of Joint Consultative Committee funding for work concerned with health and education. A bid was prepared, led by the PSHE adviser and supported by the health authority health development officer, to develop a local resource including a video and written guidance on effective teaching in sex education and to disseminate this through training. Improving the quality of teaching in sex education was seen as part of the strategy to deal with local health concerns and to support the development of increased collaboration between the LEA, schools and sexual health agencies, including school and family planning nurses. Additional funding was secured from Channel 4 Learning and through the local Health Action Zone.

**Methodology**

A multi-agency advisory group was set up which included sexual health and other local agencies and representatives from schools. The group met on a number of occasions to:
- clarify common understanding of terminology such as ‘effective teaching in sex education’;
- discuss aspects of the whole school approach needed to underpin the effective teaching of SRE;
- identify how best to support the development of good practice amongst staff involved in delivering sex education to children and young people in schools.

It was agreed that the resource had to:
- reflect the real challenges that staff face when delivering effective sex education in a school setting and to chart the development of their skills;
- give pupils a voice;
- be supported by written guidance that would provide a framework and an overview of the process involved in developing staff skills, involving pupils and delivering effective SRE.

The video shows a multi-agency group (teachers, youth workers, school nurse) participating in 4 days of training and focuses on staff trying out activities in the classroom. The video also features interviews with staff reflecting on their practice and pupils provide video diary material about what they want and their reactions to lessons.
Impact, outcomes and evidence
The staff participating in the video tried new teaching methods and tackled new subject areas, as evidenced by the video.

The resource is in the process of being disseminated through centrally organised training, which over 50 schools (out of 300) have attended. This will be followed up by school focused training through the local healthy schools programme, training teams of staff in schools as well as training agencies working with schools, including youth workers. At present the only evidence of impact is gathered through course evaluations which are all very positive. In the longer term the impact and outcomes in schools will be gathered through the healthy schools monitoring and evaluation procedures and through an external evaluation.

For more information contact Clare Smith, Co-ordinator of Healthier School Partnership, Lambeth, Southwark and Lewisham, 07803 896598

"staff have an understanding of the role of schools in contributing to the reduction of unwanted teenage conceptions and the promotion of sexual health"

The information and training that local programmes can provide to school staff should support them in developing their understanding of how schools can contribute to the reduction of unwanted teenage conceptions and the promotion of sexual health.

Healthy schools programmes may also be in a position to support specific school-based intervention programmes.

An example is provided below of how a school nurse is working proactively to develop outreach sexual health clinics as means of reducing unwanted teenage conceptions as part of a whole systems approach. One of the keys to success was the partnership agreement and support at the outset.

CASE-STUDY

Developing outreach sexual health clinics as a means of reducing unwanted teenage conceptions

Key feature:
- Illustrates the potential for involving the school nursing service in the provision of pupil support services (NHSS Standard 1.1e; 2.1 and whole school approach g)

Background
The introduction of issuing emergency contraception in a senior school in Southern Derbyshire is a direct response to the Government’s national strategy in reducing teenage pregnancies. It is part of a pilot project in the county to develop outreach sexual health clinics for young people requiring emergency contraception who cannot easily access town centre sites following unprotected sexual intercourse. The school (with a roll of approximately 2000 students) has a wide and largely rural catchment area with some of the villages having limited access to public services. Infrequent and often non-existent bus services have obvious implications on a student’s ability to access the service they require confidentially.

This initiative was intended to enhance an existing ‘drop-in’ service in schools where the school nurse (with competence both in school health and family planning) was available to provide advice and counselling on a range of topics including physical, psychological and mental health alongside a variety of social issues.

Method
Following consultation with the head teacher and governing body, a unanimous decision was reached that issuing of emergency
contraception by the school nurse would be introduced to enhance an already comprehensive sex and relationship educational programme. After discussion with the governing body, parents were consulted and advised of the proposal. Whilst emergency contraception would be available in a variety of pharmaceutical outlets, the school felt that the counselling and follow-up offered by the school nurse would be more beneficial to sexually active students. It was stressed to governors that the school nurse, whilst offering a confidential service to under age sexually active students, would strongly encourage discussion with their parents. Child protection issues and Gillick competence would remain paramount. Issues around relationships, peer pressure and the right to say 'no' would be discussed and the students would be offered follow-up appointments. The school nurse is able to issue emergency contraception under patient group directions approved by the Trust, and always has access to a family planning doctor if so required. The standard followed that set up in a family planning clinic, with a comprehensive personal and familial medical history being taken as well as the reason for obtaining emergency contraception. Students accessing the service would be asked to fill in a short anonymous questionnaire. Questions included age of first intercourse, previous use of emergency contraception as well as if not accessing emergency contraception in school, where they would go, with a choice of options including 'not bothered' to inform future research and services offered. Immediately before its introduction students from Year 9 upwards were reminded of the already existing drop-in sessions available on Monday mornings and the services it offered. They were then advised that emergency contraception would now be available with a comprehensive, structured and supportive counselling service surrounding the issue. Impact To date several students each week have requested emergency contraception and they admit that they appreciate the service because of its user friendliness and its accessibility. An unexpected outcome has been the number of students requesting advice about sexually transmitted infections irrespective of emergency contraception. One concern is the vulnerable students who are not in full time education for whatever reason and who cannot therefore access the service. Whilst the parents, teachers and governors have been extremely supportive, some elements of the media have taken a cynical view. The matter has, as one would expect, generated much interest. For more information contact Val Oborn, Repton Health Centre, Askew Grove, Repton, Derbyshire, DE65 6SH, 01283 701261
Examples of how local programmes can monitor and evaluate SRE against the NHSS standards

Local programmes need to monitor schools' progress on SRE and assess whether or not a school has successfully achieved the minimum criteria for this theme. By monitoring SRE provision, local programme co-ordinators will be better placed to be responsive to local needs.

Table 1 below provides examples of how schools can fulfil each of the NHSS minimum criteria for SRE and a range of indicators which might be used by local programmes to assess school progress. Appendix 6 provides an example of the criteria used by the Staffordshire and City of Stoke on Trent healthy schools programme to assess school achievement in relation to the NHSS theme of SRE.

<table>
<thead>
<tr>
<th>The NHSS minimum criteria for SRE</th>
<th>Examples of how schools can fulfil the criteria</th>
<th>Examples of indicators for monitoring SRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The school has a policy which is owned and implemented by all members of the school including pupils and parents and which is delivered in partnership with local health and support services.</td>
<td>In partnership with parents, pupils and the wider community, develop or review their existing policy in line with legal requirements, non-statutory guidance and the school's statement of values. Development and implementation of the policy is co-ordinated by a teacher with a subject lead responsibility for PSHE and Citizenship and supported by local health and support services.</td>
<td>Is there a policy on SRE? Is there evidence of its development in partnership with pupils, parents and the wider community? Is SRE teaching led by teachers as part of a PSHE &amp; Citizenship programme? Is there evidence of an implementation plan agreed with the governing body? Are local health and support services involved in delivery? Is there evidence that governors have monitoring and review procedures, including a policy review date?</td>
</tr>
</tbody>
</table>

The school has a planned SRE programme (including information, social skills development and values clarification) which identifies learning outcomes appropriate to pupils' age, ability, gender and level of maturity and which is based on pupils' needs assessment and a knowledge of vulnerable pupils.

Undertake a needs assessment of their pupils to ensure curriculum coverage for all pupils, including those of high ability and those with SEN. Develop a planned PSHE programme with a scheme of work which clearly identifies knowledge, skills and attitudes for SRE and learning outcomes for SRE. Ensure that there are adequate resources for developing and delivering SRE.

Is there evidence of pupils' views being taken account of within the programme? Has data from the school nurse's school health plan been used to inform programme planning? Is there evidence of differentiated teaching strategies? Do staff have access to up-to-date resources? Do they avoid racial, cultural, gender and sexuality stereotyping? Are monitoring and assessment procedures in place and is there evidence of how this will inform the development of the programme?

Table 1: continued over
Table 1: continued

<table>
<thead>
<tr>
<th>The NHSS minimum criteria for SRE</th>
<th>Examples of how schools can fulfil the criteria</th>
<th>Examples of indicators for monitoring SRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff have a sound basic knowledge of sex and relationship issues and are confident in their skills to teach sex education and discuss sex and relationships.</td>
<td>Have a named teacher responsible for co-ordinating SRE, within PSHE, and have mechanisms for monitoring SRE lessons and staff continuing professional development with performance management. Ensure that there are continuing professional development opportunities for staff delivering PSHE and SRE. Ensure that staff involved in delivering SRE know about relevant national and local support agencies. Ensure a range of appropriate teaching and learning methods are used in the teaching of SRE.</td>
<td>Is there a named teacher with responsibility for co-ordinating SRE? Have staff been provided with opportunities for training through INSET or other formal training provision? Are there opportunities for staff to team teach, peer observe, joint lesson plan? Do staff report feeling confident in their ability to deliver SRE? Are staff involved in the delivery of SRE aware of relevant national and local support agencies? Is there evidence of a range of teaching strategies which are responsive to the different learning styles of pupils? Is there evidence that SRE lesson objectives are specific and clear and shared with pupils?</td>
</tr>
</tbody>
</table>

| Staff have an understanding of the role of schools in contributing to the reduction of unwanted teenage conceptions and the promotion of sexual health. | Ensure that staff are aware of the school's SRE policy and that the PSHE & Citizenship/SRE co-ordinator is aware of SRE Guidance 0116/2000. | Are staff familiar with the school's SRE policy? Is the PSHE/SRE co-ordinator aware of SRE Guidance 0116/2000? Are staff aware of the School Health Plan? |

Table 2: Examples of how schools could address aspects of the whole school approach in relation to SRE

<table>
<thead>
<tr>
<th>Aspects of the NHSS whole school approach applied to SRE</th>
<th>Examples of how schools might fulfil the criteria</th>
<th>Examples of indicators for monitoring SRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A code of practice for working with external agencies is developed and its implementation monitored. <em>(NHSS reference c of whole school approach: curriculum planning and resourcing including working with external agencies)</em></td>
<td>Schools can work together with external agencies to develop a code of practice for visitors and monitor and review its usefulness and success.</td>
<td>Code of practice for visitors in place, which addresses: • how visitors will be aware of the policy; • how learning outcomes will be negotiated; • how classroom management will be negotiated; • how inputs will be monitored and assessed; • how boundaries of confidentiality will be communicated, including, for example, between school nurses and individual pupils.</td>
</tr>
</tbody>
</table>

*Table 2 continued over*
<table>
<thead>
<tr>
<th>Aspects of the NHSS whole school approach applied to SRE</th>
<th>Examples of how schools might fulfil the criteria</th>
<th>Examples of indicators for monitoring SRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The importance of a safe and supportive teaching environment is recognised where teachers and pupils can work together to promote health, for example, working agreements are established and classroom layout is considered. (NHSS reference d of whole school approach: teaching and learning)</td>
<td>Create a positive climate within schools where children and young people feel valued and respected by teachers and peers. Adapt the classroom to enable pupil interaction and to create a stimulating environment. Use working agreements to help create a safe climate within the classroom. Use active learning methods, including distancing techniques, appropriate to lesson objectives.</td>
<td>Does the whole school ethos support effective SRE? How is bullying, including homophobic bullying addressed in the school? Are there equal opportunities for boys and girls? Do teachers understand the importance of the classroom environment in creating a stimulating working climate for SRE? Is the setting of working agreements common practice within PSHE including SRE? Do teachers of PSHE employ a range of active learning methods including distancing techniques?</td>
</tr>
<tr>
<td>Pupils are encouraged to consider levels of risk and make informed judgements about their actions. (NHSS reference d of whole school approach: teaching and learning)</td>
<td>Ensure that programme adopts a risk reduction approach. Make links between drug and alcohol use and sexual risk taking.</td>
<td>Is SRE based upon risk reduction methods, such as including education about contraception and safer sex? Does SRE make links between broader risk taking behaviours such as alcohol and drug taking?</td>
</tr>
<tr>
<td>The school has a smoking policy and its grounds are free of litter and graffiti, toilets have locks, toilet paper, hot water and paper towels as well as sanitary towel dispensers and disposal facilities and clean drinking water is provided. (NHSS reference e of whole school approach: school culture and environment)</td>
<td>Ensure that girls and young women have access to sanitary products through dispensers and that adequate disposal facilities are available.</td>
<td>Do girls and young women have access to sanitary towel dispensers and disposal facilities? Can they access these without embarrassment and undue distress, e.g. are they able to leave the classroom during lessons without questioning? Are changing and sports facilities sensitive to the needs of young people?</td>
</tr>
</tbody>
</table>
| Pupils' views influence teaching and learning in PSHE and citizenship. (NHSS reference f of whole school approach: giving pupils a voice) | Mechanisms set up within the school to ensure that children and young people can have their views about PSHE and Citizenship heard and that these views are listened to and acted upon. | Mechanisms set up within the school to ensure that children and young people can have their views about PSHE and Citizenship heard and that these views are listened to and acted upon. Are opportunities for pupils' views to be heard evident? Examples include:  
  - formal needs assessment  
  - school council  
  - monitoring and assessment  
  - student self review of personal learning styles |
### Table 2: continued

<table>
<thead>
<tr>
<th>Aspects of the NHSS whole school approach applied to SRE</th>
<th>Examples of how schools might fulfil the criteria</th>
<th>Examples of indicators for monitoring SRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information is given on local support services for children and young people such as sexual health and drug agencies. <em>(NHSS reference g of whole school approach: provision of pupils’ support services)</em></td>
<td>Ensure that information about local sexual health and support services in the wider community is accurate, available and accessible in private and public ways.</td>
<td>Is information about local sexual health and support services for children and young people available within the school? <em>(Is there information to meet the needs of all young people including those whose first language is not English, lesbian and gay young people.)</em> Have children been consulted about how and where they would like this provided?</td>
</tr>
<tr>
<td>Staff are consulted on their training and support needs through a regular review process*. <em>(NHSS reference h of whole school approach: staff professional development needs, health and welfare)</em></td>
<td>Ensure that staff have an opportunity to express their training and support needs as part of their performance management process. Training needs are compiled by the PSHE Co-ordinator and actions planned as part of the staff development programme.</td>
<td>Do staff feel that their SRE continuing professional development needs are adequately addressed and supported?</td>
</tr>
<tr>
<td>Pupils’ progress in PSHE and citizenship is recorded and assessed. <em>(NHSS reference j of whole school approach: assessing, recording and reporting pupils’ achievement)</em></td>
<td>Develop recording systems and a range of assessment methods to monitor pupil progress in SRE as part of PSHE and Citizenship.</td>
<td>Is there a system of recording, assessing and monitoring progress and achievement for SRE in PSHE and Citizenship? Does the information inform school health plans? How do pupils self assess their progress in SRE?</td>
</tr>
</tbody>
</table>

*Further developments in SRE training and development*

The DfEE are currently considering the means to accredit teachers of SRE. This will fit within the Continuing Professional Development strategy that is being undertaken by the DfEE. It is envisaged that there will be a menu of opportunities by which teachers can develop a portfolio of evidence to gain the accreditation.
Appendices

Appendix 1: Conclusions of the overview of effectiveness of interventions and programmes aimed at reducing unintended conceptions in young people

High quality sex and relationship education should:
- empower pupils;
- offer a positive and open view of sex and sexuality, and support sexual self acceptance;
- be well linked to contraceptive services;
- be sustained by working within a theoretical framework;
- meet local needs;
- ensure the entitlement of all children to sex and relationship education and undertake specific work to meet the needs of vulnerable and marginalised children and young people;
- be provided early; before puberty, before feelings of sexual attraction and before they develop sexual relationships;
- reinforce value messages;
- focus on risk reduction;
- use active learning and participatory techniques;
- ensure that children and young people have a critical awareness of the messages that are portrayed in the media.

Appendix 2: Useful contacts

Teenage Pregnancy Co-ordinators
The Social Exclusion Unit's report on Teenage Pregnancy required each local authority and health authority to jointly identify a teenage pregnancy co-ordinator for each local authority area (Local Education Authority and social services boundaries).

The role of the teenage pregnancy co-ordinator is to ensure the development and co-ordination of all services geared to preventing unwanted teenage pregnancies and supporting teenage parents. Many different models of co-ordination are developing across the country. Co-ordinators come from many different backgrounds and may be based in the health authority, local authority or a voluntary organisation.

For information about who the local co-ordinator is in your area visit the following website: www.teenagepregnancyunit.gov.uk

Quality Protects Offices
The Quality Protects programme is a key part of the Government's wider strategy for tackling social exclusion. It focuses on working with some of the most disadvantaged and vulnerable children in society including children looked after by councils in the child protection system and other children in need. A team of regional development quality protects workers can help make links in the local area.

For information about the Quality Protects Programme and details of Quality Protects Regional Development Workers visit the following website: http://www.doh.gov.uk/qualityprotects/sitemap.htm
Appendix 3a: SRE Policy Development and Review Checklist

The Guidance states that all schools must have an up-to-date SRE policy which is reviewed regularly. It is recommended that this forms part of an overall policy on PSHE and Citizenship. In accordance with the NHSS whole school approach, the policy should be developed in consultation with young people, parents, teachers, governors, health professionals and the wider community. The following check-list uses the new guidance and the minimum criteria set by the NHSS as its starting point and will be helpful in developing and reviewing your policy:

1. How have parents, pupils, staff and the wider community been involved in the policy development/review process?
2. Does the policy set out SRE provided within the PSHE framework as distinct from the National Curriculum Science Order?
3. Does the policy include a moral and values statement which reflects the school's ethos and values, as well as being in line with the SRE Guidance which states, 'as part of sex and relationship education, pupils should be taught about the nature and importance of marriage for family life and bringing up children.'
4. Does the policy address the need to build self-esteem and develop a sense of responsibility as well as information giving and social skills development?
5. Does the policy include a statement on the school's position on specific issues such as confidentiality, accessing confidential support and sexual health advice, abortion, contraception and sexuality?
6. Does the policy take into account the needs of ALL pupils at the school and national, local and in-school policies, such as equal opportunities?
7. Does the policy identify partners in the wider community, particularly local health and social support services, who will be involved in the delivery of SRE? Is the policy explicit about the use of visitors?
8. Does the policy address pupil-identified needs and evaluation outcomes as well as local and national priorities?
9. Are resources, including human resources, relevant and up-to-date?
10. Is there a commitment to in-service training for those involved in the delivery of SRE?
11. Does the policy identify the date when it will next be reviewed?

Appendix 3b: A model framework for a SRE policy

The recent SRE Guidance from the DfEE (0116/2000) recommended that schools have an integrated PSHE policy of which the SRE element would form a part. Many schools have had a SRE (or sex education) policy that stands alone owing to legal requirements. If schools decide to develop an integrated PSHE policy, there will be certain sections of this model policy framework that will be addressed as part of the overall policy. Whichever approach is decided by the school it will be important that in reviewing or developing the SRE policy there is a clear statement about how and what will be delivered in SRE.

Sex and Relationship Education Policy
- Name and type of setting
- Date of policy
- Member/s of staff responsible
- Next review date

Description of the setting
This will include
- A description of the geography and status of the setting; the age range; sex; religious, ethnic and cultural mix of children; the family backgrounds of the children; any special educational needs of the children and the role/involvement of the governors.

Description of how the policy was formulated
This will include
- Membership of the working party
- The process of developing the policy
- What were the different stages and activities that led to the development of the policy?
- The issues that were considered
- What were the range of issues that were explored and consulted on?

Aims and objectives of the policy
This will include
- A statement of belief about the role and nature of sex and relationship education
- A statement of how this will be achieved and who they will work in partnership with to ensure this
- The aim of the policy
Moral and Values Framework
- This is a statement of the values that the sex and relationship education programme will encourage and should reflect and build upon the values outlined in the National Curriculum Handbook, and the schools mission statement.

Content headings for the sex and relationship education programme
This will include
- A statement about the scope of sex and relationship education, including a working definition
- How the content will be delivered, e.g. topics will be repeated in a developmental programme to enable children to build upon prior learning
- How the content has been decided  ○ What will be taught and at what age

The organisation of sex and relationship education
This will include
- Who is responsible for co-ordinating sex and relationship education
- Where it will be delivered, e.g. through science, circle time, outside visitors
- The teaching methods  ○ Whether it is delivered in mixed or single gender groups
- The resources that will be used  ○ The range of people who will deliver the sessions
- How liaison with the secondary school and youth service will happen
- How the programme will be evaluated

Specific Issues Statements
This will include
- How the setting will consult with parents, the rights of the parents to see materials and resources that will be used; what happens when a parent withdraws their child from sex and relationship education
- Child abuse and protection procedures  ○ Links with other policies, e.g. bullying and equal opportunities
- Confidentiality  ○ Answering difficult questions
- How the needs of children with special educational needs will be met  ○ Use of visitors

How resources have been selected
- This will detail how the resources will be selected and checked for stereotyping, bias and prejudice

Procedures for monitoring and evaluation
- This will detail the process for how the policy will be reviewed, monitored and evaluated

Dissemination of the policy
This will detail
- How the policy will be made available  ○ Staff training  ○ Parents' meetings

(Adapted from Developing and Reviewing a School Sex Education Policy – A positive strategy. Sex Education Forum 1994)

Appendix 4: Support Organisations

AVERT, 11-13 Denne Parade, Horsham, West Sussex, RH12 1JD. Tel: 01403 210202.
Provide a range of resources and leaflets.

Brook, 421 Highgate Studios, 53-57 Highgate Road, London NW5 1TL. Tel: 020 7284 6040.
Provide resources for young people and professionals

Consent, Consultancy, sexuality education and training for those working around sexuality and disability. Tel: 01923 670796.

fpa, 2-12 Pentonville Road, London N7 9FP. Tel: 020 7837 5432. Provide training, consultancy and resources for professionals, as well as leaflets for young people.

Relate (Relationship Education and Training Dept.), National Education Officer, Herbert Gray College, Little Church Street, Rugby CV21 3AP. Tel 01788 563861.
Provide training for professionals in SRE.

Sheffield Centre for HIV and Sexual Health, 22 Collegiate Crescent, Sheffield, S10 2BA. Tel: 0114 226 1900. Provide training and consultancy.

Working With Men, 320 Commercial Way, London SE15 1QN Tel: 020 7732 9409.
Provide resources and training for working with boys and young men.
Appendix 5 – Sex Education Forum Factsheets (including Order Form attached)

Sex Education Forum (SEF) Factsheets give practical, highly accessible information about how to deliver sex and relationships education more effectively. Each Factsheet offers discussion of the issues, current research, good practice ideas, cases studies and a list of resources for further reading. Two of the Factsheets are currently available as photocopies only at 50p each, as these are being updated and are no longer in stock.

Forthcoming Factsheets include: Primary School SRE (March 2001); Meeting SRE needs of pupils with disabilities (July 2001) and Teaching about STIs, including HIV (October 2001). These will be included in the SEF’s termly newsletter, Sex Education Matters, which is available on subscription.

All original copies are priced at £2 each. Please note: the Framework for SRE and Factsheet 23 are free of charge. Please enter the quantity required of each Factsheet in the boxes provided. Discounts are available for bulk orders – please enquire for details.

FREE of charge (original copies):


ORIGINAL COPIES @ £2 each:

- Factsheet 21: Supporting the needs of girls and young women in sex and relationships education (2000)
- Factsheet 20: Peer education approaches to sex and relationships education (1999)
- Factsheet 18: Supporting parents in sex and relationships education (1999)
- Factsheet 17: Talking about sex and relationships with children and young people in care (1998)
- Factsheet 15: Teaching about sexually transmitted diseases (1998)
- Factsheet 13: Teaching about contraception (1997)
- Factsheet 12: Effective learning – approaches to sex education (1997)
- Factsheet 11: Supporting the needs of boys and young men in sex and relationships education (1997)
- Factsheet 8: Guidelines on the effective use of outside visitors in school sex education (1996)
- Factsheet 7: Developing sex education for pupils with learning difficulties (1995)

PHOTOCOPIES @ 50p each:

- Factsheet 9: Developing the role of the school nurse in sex education (1996)
- Factsheet 6: Teaching about sexuality (1995)

For further details contact The Sex Education Forum
Tel: 020 7843 6052/56
ORDER FORM – please state in the box provided how many copies of each factsheet you require:

<table>
<thead>
<tr>
<th>Factsheet</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framework</td>
<td></td>
</tr>
<tr>
<td>Factsheet 23</td>
<td></td>
</tr>
<tr>
<td>Factsheet 21</td>
<td></td>
</tr>
<tr>
<td>Factsheet 20</td>
<td></td>
</tr>
<tr>
<td>Factsheet 18</td>
<td></td>
</tr>
<tr>
<td>Factsheet 17</td>
<td></td>
</tr>
<tr>
<td>Factsheet 15</td>
<td></td>
</tr>
<tr>
<td>Factsheet 13</td>
<td></td>
</tr>
<tr>
<td>Factsheet 12</td>
<td></td>
</tr>
<tr>
<td>Factsheet 11</td>
<td></td>
</tr>
<tr>
<td>Factsheet 10</td>
<td></td>
</tr>
<tr>
<td>Factsheet 8</td>
<td></td>
</tr>
<tr>
<td>Factsheet 7</td>
<td></td>
</tr>
<tr>
<td>Photocopies:</td>
<td></td>
</tr>
<tr>
<td>Factsheet 9</td>
<td></td>
</tr>
<tr>
<td>Factsheet 6</td>
<td></td>
</tr>
</tbody>
</table>

Please fill in your details below and return to:
Helen Randall, Sex Education Forum, 8 Wakley Street
London EC1V 7QE

NAME

ADDRESS

I enclose a crossed cheque for £

made payable to the Sex Education Forum

I would like to be invoiced (please tick box)
Appendix 6: An example of criteria that have been agreed by the Staffordshire and City of Stoke on Trent healthy schools programme for assessing school achievement in relation to SRE

<table>
<thead>
<tr>
<th>Minimum Criteria</th>
<th>Examples of how schools can fulfil the criteria</th>
<th>Examples of evidence (viewed, written, oral)</th>
</tr>
</thead>
</table>
| The school has a policy which is owned and implemented by all members of the school including pupils and parents and which is delivered in partnership with local health and support services. | The school has established an SRE Working Group  
There is a named member of staff to coordinate SRE  
The school ensures that outside agency contributions to the curriculum are planned, integrated and appropriate to school ethos |  
○ View policy  
○ View visitor policy |
| The school has a planned SRE programme (including information, social skills development and values clarification) which identifies learning outcomes, appropriate to pupils’ age, ability, gender and level of maturity and which is based on pupils’ needs assessment and a knowledge of vulnerable pupils. | Provide a planned, integrated and developmental curriculum  
Identified learning outcomes  
Carry out pupil needs assessment  
Establish targeted pastoral support for vulnerable pupils |  
○ View curriculum plan and lesson plans  
○ View policy  
○ Examples of needs assessment activities  
○ View policy |
| Staff have a sound basic knowledge of sex and relationship issues and are confident in their skills to teach sex education and discuss sex and relationships. | Process for identifying training and development needs  
Training opportunities exist for all staff  
SRE Co-ordinators support teaching of SRE |  
○ View School Development Plan  
○ View CPD training plan  
○ Examples of evidence of curriculum support |
| Staff have an understanding of the role of schools in contributing to the reduction of unwanted teenage conceptions and the promotion of sexual health. | Clearly identified in the policy document |  
○ View policy |
References

'Parents, Schools and Sex Education, NFER/HEA 1994

'Teenage Pregnancy Report, Social Exclusion Unit, 1999

'Iingham, R and Carrera, C, Liaison between parents and schools on sex education policies – identifying some gaps, Sex Education Matters, Issue no. 15, Spring 1998


'Sex and Relationship Education Guidance 0116/2000, Department for Education and Employment, 2000

'Personal, social and health education and citizenship at key stages 1 and 2, initial guidance for schools, QCA/00/579, 2000. Citizenship at key stages 3 and 4: initial guidance for schools, QCA/00/581, 2000


'Talking Together... about growing up. Kerr Edwards, L & Scott, L. Family Planning Association 1999
Acknowledgements

This paper was written by Simon Blake, Director of the Sex Education Forum and Claire Jones, National Adviser, National Healthy School Standard (NHSS), and editorial comments were received from colleagues at the DfEE, Department of Health, Health Development Agency, National Children's Bureau and regional and local healthy schools programme co-ordinators. The NHSS team would like to express their gratitude to those who contributed case study material to this paper – their contact details are provided in the relevant sections. The material contained within this paper is photocopiable for educational purposes, however permission must be obtained to reproduce in any other formats. For further information contact Claire Jones, National Healthy School Standard Team, Health Development Agency, Trevelyan House, 30 Great Peter Street, London SW1P 2HW Tel: 020 7413 1922 Fax: 020 7413 2044. Email claire.jones@hda-online.org.uk
May 2001

Further copies of this support material may be obtained from:
NHSS Team
Health Development Agency
Trevelyan House
30 Great Peter Street
London
SW1P 2HW

Tel: 020 7413 1865
Fax: 020 7413 8939

Visit the Wired for Health Website at:
www.wiredforhealth.gov.uk

ISBN 1-84279-055-2